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ART. I.—*An Anomalous Case of Horny Excrescences.* By ASBURY EVANS, M. D., of Covington, Ky.

Mrs B——, of Grant county, called on me about the first of February last for treatment of a singular affection of the nails and fingers of both hands.

Her general appearance was that of feebleness, but not positive ill health. She had been married several years, and is the mother of three healthy children. Six months before she presented herself at my office, and immediately after an attack of epidemic dysentery, she had first begun to be affected by the disease. The affection had made great progress in some of the fingers, while in others it had just begun: that which was most diseased was the right thumb; the least so was the left little finger.

The disease began by the deposit of a horny layer beneath the fine extremity of the nail, and then extended inwards, separating the cutis and nail. Successive layers

were added, until a mass was produced; having the shape of a wedge with the base looking towards the end of the finger. Upon the further growth of this excrescence, its base would raise up the end of the nail while its edge would continue to insert underneath the length of the nail. The presence of this foreign matter and the upturning of the nails would in no great while produce inflammation of the cutis upon which the horny substance laid, and along the edges and at the roots of the nails, and finally ulceration would result, particularly at the roots of the nails. Eversion of half the length of the nail of the right thumb was produced, and the cutis from which it had been removed was inflamed and deeply ulcerated—the whole exhibiting a most unseemly appearance. Such was the soreness of many of the fingers that, in addition to the pain and uncomfortableness of her situation, Mrs. B. was wholly deprived of the use of her hands.

She had been under the treatment of two physicians, and had, besides, gone the usual round in the employment of salves, ointments and teas so liberally prescribed by the male and female Lady Bountifuls, indigenous alike to country neighborhoods and wealthy and fashionable cities, without improvement, except for a short time, when suffering from a slight ptyalism.

The horny excrescences, seemed to me, to result from an abnormal action of the cutis upon which the nails rest for support, and which had assumed the office of secreting nail matter that, in health, belongs solely to the matrix.

The inflammatory and ulcerative processes were the mechanical consequences of the eversions of the nails, produced by the wedges of horny matter thrown off from the cutis. To subdue this unnatural secretory process of the subungual cutis, was what appeared to be demanded for a cure.

The utility of gentle mercurialization in *Onychia Maligna*, which the ulcers she had, much resembled, and the fact that when slightly salivated she had been benefited, determined me to put her upon the use of mercury. I accordingly prescribed pills of blue mass and opium, daily until her mouth was sore; and applied Fowler's Solution three times a day to the inflamed and ulcerated parts. In ten days her mouth was sore, and the fingers presented a greatly improved appearance. I then gave her large doses of the hydriodate of potash in the compound decoction of sarsaparilla.

I saw her a few days since. Her nails had grown out, and although a little warped, were healthy; the inflammation had disappeared and she had as good use of her hands as before the attack.

March 23d, 1851.

Art. II.—*Pharmacy of the Greeks and Romans.* Translated from the French of M. Cap, by W. H. Cobb, M. D.

Among the Greeks, Hippocrates sums up pretty completely the state of pharmacy; while among the Romans, Galen furnishes us with the most exact account. In the writings of these two masters of their science, then, must we look for the principal features of the history of our profession, at the epochs when it was in the most advanced state, in ancient times. Many catalogues of the simple medicines used by Hippocrates have been published. Virey, and after him Daniel Leclerc, collected a catalogue numbering about three hundred substances. K. Sprengel has given a much more exact account of Hippocrates. Dr. James, in the introduction to his Medical Dictionary, furnishes us with a long list of medicines, simple or compound, made use of by Hippocrates—a list

drawn equally from the writings of Polybius, Thessalus, Dracon, and others who have, as we know, added their works to those of their master: and Fourcroy has extracted from them some general remarks, interesting both as regards the history of our science and its application.

Among the medicines comprised in these different lists, we notice quite a large number without any well-marked action upon the human economy. Leeches do not figure there, and many drugs known at the time of Galen occupy no place there.

They used internally certain preparations of copper; they were acquainted with canella, cardamon and pepper; from Egypt they received opium and scammony; butter was scarce, and but little known; cantharides and other insects were used internally; they were acquainted with the exhibition of the fetid gums, in the treatment of the neuroses and hysteria; they seasoned their food with the umbelliferous and labiate plants. Into the composition of their collyria, entered the bile of many animals; but by the term collyrium, they designated, as we shall see hereafter, a very different class of remedies from those which we signify at the present day by the same name.

With Hippocrates, therapeutics was confounded to a certain extent with dietetics, for he expressly says "that the food and drinks which man uses in a state of health, ought also to serve him when he is sick." He examines, in fact, the greater part of aliments in this double point of view, and his account of the qualities of the flesh of the dog, fox, horse and ass, would lead us to think that these viands were then in general use.

The broth of barley, diet, and repose, were the means which he employed at the onset of acute diseases. He added to the ptisan of barley a little vinegar, oil and salt, and occasionally anise and leek. The ordinary beverage of the sick was composed of 8 parts of water to 1 of honey, to which was sometimes added vinegar. The

cyceon was a drink, into which entered rice, the seeds of the anise, celery, coriander, wine and wheaten flour.

Hippocrates employed milk and whey, both as food and as medicine; not only the milk of the cow, but of the goat, mare and she-ass, which he prescribed in a large dose as a laxative.

Sudorific medicines were then unknown. To excite perspiration, they employed baths, fumigations, frictions, and the heat of the sweating room. The diuretics used internally were sweet wine, garlic, onion, leek, cucumber, melon, citron, celery, bas trefoil, fennel, capillaire solanum, oxymel, hydromel, and the cantharides deprived of their legs and wings, and mixed with honey and wine. Narcotics, or rather the somniferæ of Hippocrates, were the poppy, opium, the euphorbia peplus, mandragora and henbane; his febrifuges, absinthium, little centaury, and some other indigenous bitters. To excite emesis, he employed the assarabacca, the white hellebore, and a plant named sesamoides, and which Dioscorides calls the Hellebore of Anticyrus; or he gave them to drink a large quantity of some laxative, followed by a decoction of lentils and hyssop with honey and vinegar.

His laxatives were mercury, cabbage in decoction, whey, and the milk of the she-ass, salted. He employed suppositories and lavements. The suppositories were composed of honey, mercury, salt, nitre, the powder of colocynth, and other irritating substances; they were sometimes round, like a ball, and sometimes of an elongated form. The lavements were composed of a decoction of the leaves of the beet, with the addition of honey, nitre, and other laxative substances.

The purgatives of Hippocrates were numerous. He employed black and white hellebore, the berries of the daphne mezereum, the daphne thymelæa, euphorbia peplus, thapsia, swallow thorn, elaterium, colocynth, scammony, magnesian stone (a variety of loadstone), cnicus, etc.

He admitted purgatives, directed specifically to the bile, phlegm, melancholy and dropsy. To clear the head from its affections, he caused his patients to inspire by the nostrils, the juice of the celery, divers aromatics, and powders composed of myrrh, the flour of brass (oxide of copper), and white hellebore; as an expectorant, he applied to the base of the tongue the root of the arum triphyllum, boiled in water, with honey, oil and salt.

External Medicaments.—Fomentations were arranged under two heads, wet and dry. The first were partial or local baths of lukewarm water, or of the decoctions of certain plants. They also applied upon the part affected a leathern bottle, bladder, or some kind of vessel, filled with warm water; at other times a sponge, soaked in a decoction of barley, bran, or the seeds of the heath peas. The dry fomentations were made of salt, roasted millet, or of aromatic substances, enclosed in little bags and applied upon the part affected. For fumigations, they employed the vapor of water, either pure or impregnated with divers medicinal substances; for example, they heated pieces of iron, plunged them into urine, and directed the vapor upon the part. They were also made with the smoke of resins, bitumens, and aromatics, burned.

The gargles recommended by Hippocrates in diseases of the mouth and throat, were composed of a decoction of origan, savory, celery, mint with a little nitre, honey and vinegar. The oils and unguents were employed to anoint the body, soften tumors, and dress wounds. The oils were pure or compound: the pure oil was that of the olive; the compound oils, as those of roses and myrtle, were obtained by infusion. The susinum was prepared from the white lily and aromatics; the narcissum had for its base the narcissus. The netopum and the metopium, cited by Dioscorides, and the mendosium, of which Galen speaks, were preparations of the same class, even more

complicated. Hippocrates bestowed the name of cerate upon an unguent composed of oil and wax; another species of cerate was prepared of the fat of the goose, turpentine, the resin of the mastich, wax, and the oil of roses. When to the simple cerate pitch was added, to give it consistence, it obtained the name of ceropissus.

The cataplasms were composed of vegetable powders, mingled with the juice of plants, to which was sometimes added a small quantity of oil or of an unguent. In quinsy, they applied to the neck a cataplasm of the meal of barley with wine and oil. The emollient cataplasms were composed of the leaves of the beet, cooked in water, with the addition of the leaves of the olive, fig, or oak.

Internal Medicines.—The fluid preparations administered internally, included decoctions, infusions of vegetable substances, in which they sometimes dissolved powders, the juice of plants, the mixtures of wine, honey, oil, vinegar, and other simple and compound liquids. They also employed the medicinal wines prepared by infusion.

The solid preparations were composed of the inspissated juices (extracts), gums, resin, and various powders, the whole mixed with honey and other ingredients, and fashioned into the proper shape. This is, then, we see, the point of commencement of antidotes and electuaries, preparations which in subsequent ages, and even in our own times, occupied so prominent a place in pharmacy. The collyria were solid masses, of the length and shape of the finger, intended to be introduced into a cavity, like suppositories and pessaries. The troches were of the same shape, and used for the same purpose, as at the present day. The pectoral remedies were medicines of a soft consistence, placed upon the tongue and swallowed slowly; honey and various aromatic or mucilaginous powders formed their base. Finally, they were acquainted

with the mels, oxymels, and confections, but not with the syrups, whose name, derived from the Arabic language, denotes a much more recent origin. In scanning the writings of this epoch, we find no mention of the different operations employed for obiaining all these products. That the manipulations could not have been very complicated, one can very readily perceive. Digestion, infusion, decoction, the expression of the juices and their inspissation by heat, and pulverization, were the methods most frequently employed. Evaporation, calcination, fusion, perhaps even sublimation, were known to the operators of that period. But if we except lixiviation, the crystallization of salts, and the extraction of metals, they practised no one operation truly chemical, nor did they have any idea of combinations of this nature. As the healing art had not as yet been divided into its different branches, the physician prepared the medicines, as well as prescribed them. Hippocrates prepared with his own hands the greater number of his medicinal agents, or had them prepared by his servants, who were instructed to that effect; so also did all the other physicians of his time. We know well that he carried his medicines with him when called by the inhabitants of Abdera to cure Democritus.

As we leave farther and farther behind the epoch in which the school of Cos shone forth, and approach that in which the schools of dogmas and methods reigned, we cannot fail to mark the increasing tendency to an indefinite complication, which has found its way into therapeutics and pharmacy.

The summum bonum of the art, for a physician of that period to attain, and sometimes the chief element of his reputation, was the composition of an electuary, or of an antidote, in which was heaped together a crowd of substances endowed with dissimilar properties, bestowing upon it remedial virtues in a great number of diseases.

The physicians of that period believed that each medicinal substance possessed, relatively to a given disease, an absolute curative property, but that this property was accompanied, with regard to the different organs, by a physical action, often in direct opposition to its medical efficacy. Consequently, they provided each principal drug, with an escort of many others, intended, some to increase its medical activity, and others to modify its influence upon the organism; and his chief care was expended upon the choice of ingredients which should serve as a bond of union, a vehicle for all this mass, for this strange chaos of which the electuary was composed.

We have often said that the word electuary was derived from the Latin verb *eligere*, to choose; nevertheless, Cœlius Aurelianus, who flourished about the time of Galen, places electuaries by the side of the eclegmes, whose etymology we have given above, as derived from the Greeks, and gave to them the title of electarium, whence most probably arose electuarium.

As for th· word antidote, (anti dolos, given against,) it is a generic term, applicable to all compound medicines. Galen called all medicines administered internally, antidotes; thence, the word antidotary was for a long time employed synonymously with dispensary, or pharmacopœia. Later, this term signified, as it does at the present time, a remedy given to counteract a poison. At this epoch, there were antidotes against phthisis, contusions, colic, calculi, pleurisy, gout, etc. Galen divided them into three classes: remedies against poisons, against the bite of venomous animals, and against excesses of all kinds. To his eyes, the Theriaca Andromachi united all these three virtues. The consistence of the electuaries and the solid antidotes was about the same; their taste often disagreeable. From them they made little balls of different sizes; those that had the form of a berry, or a pea, were named globuli—glomerami et pilulæ (in Greek,

kokkos); others, of the shape of a bean, or of the seed of the lupine, were termed pastilli and trochisci, from the Greek word trochiskoi.

The names given by the Greeks and Romans to their medicines, related oftentimes to their uses; thus they called those remedies that were employed against diseases of the lungs, and trachea arteriacæ; those employed for alleviating cough, bechicæ. Pills, placed under the tongue and allowed to melt slowly in the mouth, were styled hippoglottides. The eclegmes of a softer consistence, were composed of gum tragacanth or arabic, of the juice or powder of liquorice, myrrh, honey, wine, saffron, and they sometimes added diacodion or opium. Then they were named anodyne, or paregorica.

The liquid medicines did not differ remarkably from those of Hippocrates. The drinks most employed were infusions, decoctions, and the juices of plants, more or less diluted. Sometimes they disguised the antidote when taken, in water, wine, or hydromel. The liquid medicines generally bore the name of potions. Those obtained by decoction, were the decocta and apozemata. Galen also gave the name of decocta to water which had been boiled and afterwards been cooled in the snow. There were also drinks which they took in the state of health as well as in sickness: thus they drank wine in which were infused wormwood, pepper, and casamum. To these they added honey and other ingredients, which gave the names to these drinks. They also used water in which were boiled apples and roses, with the addition of verjuice, the juice of the pomegranate, the berries of the myrtle, and honey. The drinks compounded of honey, wine, and aromatics, were termed propomata. Paulus Ægineta and Nicolaus Myrepsus have preserved many recipes of them. A variety of propomata, drunk iced, was called recentatum. At the commencement of their

repasts they drank compound wines, called condita, to excite the appetite.

Vinum mulsum, or simply mulsum, was a mixture of 4 parts of wine to 1 of honey. The hydromel, composed of water and honey, was called indifferently aqua mulsa, or mulsa. The hydromelon was formed of hydromel and the juice of quinces; to the hydrorosatum they added roses instead of the juice of quinces. When they mixed these four substances, they obtained the rhodomelon and rhodostacton, which bore a close resemblance to our mel rosae. Modern pharmacy has preserved the oxymel, a compound of honey and vinegar, and the oxycrate, a compound of vinegar and water. From honey and verjuice were prepared the omphacomeli; from honey and the juice of the myrtle, the myrtites; and from honey and the juice of the pomegranate, the rhoites. They made similar preparations from the most of fruits. The apomeli was water in which was boiled honey-comb.

Among the remedies applied externally, the oils held the first rank. They were prepared by infusing simples in the oil of the olive, walnut, almond, and sesame; and when the oil was highly charged with the active principles of the plant, they gave it the name of unguentum. This word was applied to every preparation which served to anoint the body, but more especially to the aromatic oils and liquid perfumes. The unguent of roses was the most employed. The unguents were also called acopa, (from a, privative, and kopos, fatigue,) because they were often employed to lighten fatigue. The same appellation was bestowed upon all the preparations used externally for the same purpose, as the mixtures of wax, of honey, of turpentine, of various resins and axunge: of this class was the cereleon, a semi-fluid compound of wax and oil; when aromatics entered into its composition, it was termed myracopa. The cerate contained not only a large proportion of oil, but there were also added divers pow-

ders. According to Galen, the cereleon and the acopa were unguents remarkably fluid; next came the cerates, and lastly the plasters. Paulus Ægineta says that the illitiones were even more liquid than the acopa. The oxyrhodines were a mixture of vinegar and oil of roses. The term plaster was applied not merely to those preparations into which entered a larger proportion of wax than into the cerates, but also to those to which were added metallic powders, as litharge, ceruse, the oxide of copper, or even the earths, chalk, etc. Those of the softest consistence were named lissaræ, plasters containing fat, or parygræ, moist plasters; while those in which dry or solid substances predominated, were termed alipanda, plasters without grease, or amolyntha, plasters which did not soil the hands. This last condition was in fact the criterion by which they judged of the proper consistence of the plasters.

From the plasters they formed little masses of a circular shape, and of the length of the finger, which they termed magdalidæ and rotundæ, and which correspond to our magdaleons. The malagma was a compound of gums, aromatics, salts, and other substances, with the addition of a little oil, wax, or axunge. They resembled very closely plasters, and were used to soften and discuss tumors. At other times they were merely gums and resins, dissolved in wine or vinegar. The word malagma was also extended to other remedies of the same consistence. The epithems differed from plasters, and the malagma in this respect alone, that they were not applied upon tumors or wounds, but upon the skin, to act sympathetically (upon it) or by absorption, oftentimes upon the stomach, to strengthen it, or upon recent wounds, as a hæmostatic. Besides the ceropissus, composed of pitch and wax, the dropax were plasters which they applied upon the epidermis, and which they tore from it by force, for the purpose either of reddening the skin, of denuding

it, or of acting as a depilatory. They sometimes added salt, sulphur, or the powder of the pyrethrum.

Into the cataplasm, ordinarily formed of plants, meal, or the soft part of bread, cooked in water or other liquid, there sometimes entered oil, honey, the meal of the flax-seed and the fenugreek, figs, yeast, and many other substances, some astringent, others emollient. When they wished to irritate the skin, they added to them mustard in powder, and even cantharides, and then styled them sinapisms.

The smegma of the ancients served to cleanse the skin, to allay pruritus, and even as a dentrifice. Into its composition entered the meal of beans, the seed of melons, the horn of the stag, pumice stone, the bone of the cuttle-fish, antimony, molten lead, sulphur, sal ammoniac, nitre, alum; sometimes stavesacre, hellebore, pepper, cardamon, gums, resins, and the juices of plants, all mixed in honey. With it they rubbed the body before entering the bath. Certain aromatic powders, bearing the name of diapasmata, were spread over the body to absorb the perspiration. When they wished the smegma to produce a depilatory effect, it contained orpiment, sandarac, and quick lime, and received the name of psilothron. Among the opulent Romans, the slaves rubbed the bathers with smegma composed of aromatics of the choicest varieties, brought from all the nations of the world, and enclosed in vessels of gold, alabaster, or crystal. These were the amoricinum, magalium, nardum, and a host of others, to whose names were added the most wonderful epithets, as in the case of electuaries.

The collyrium, so termed from its resemblance to a rat's tail, (colourion, or colobe oura, a tail cut off,) was, as among the Greeks, of a solid consistence, circular in form, and gradually tapering from one end to the other. The tents, plastic masses intended to be introduced into fistulæ or the natural cavities, also bore the name of col-

lyrian; finally they gave the same name to certain compounds, which they dried for their better preservation, and pulverized when they wished to use them. Of this number were certain preparations used in diseases of the eye, and it was by an extension of the term that the name collyrium was applied to the remedies employed for this purpose. The dry collyria were composed of metallic powders, as white lead, oxide of zinc, verdigris, brass, and cadmium, besides saffron, myrrh, opium, aloes, the juice of roses, fennel, and celandine. The liquid collyria were composed of honey, balm of Gilead, the gall of the viper or of the partridge, and the juice of the fennel.

Troches, called also by the Greeks phthoides, were little masses of various forms, generally semi-circular, and not weighing more than a drachm. Some were employed externally, and resembled very closely the collyria in their composition, while others were employed internally. Some they placed in the mouth to perfume the breath; others were burned as perfumes. The troches termed hedychroi were composed chiefly of aromatics. The masses into which they were formed received the name of massa hedychroum.

With the exception of gargles, the remedies used as injections were called clysma; those inspired by the nostrils, errhyna.

We have said that, from the time of Hippocrates up to that of Galen, the materia medica was enriched by quite a number of new remedies. It was during this period that Dioscorides and Pliny collected the numerous documents of which natural history, as relating to medicine, was composed. As to the pharmacy of the same epoch, it is to be found complete in the writings of Galen, who resumed those of Celsus, Andromachus, Asclepiades Pharmacion, Archegenes, and all the authors who had preceded him upon the same subject. Besides the articles which they collected from the two organic kingdoms,

hey also borrowed much from the mineral. Many salts and metallic oxides entered into the composition of their remedies. They took internally various kinds of salt, pulverized gums, the earth of Lemnos (a variety of chalk), the Jewish stone (the spines of the fossil sea urchins, which they found in Palestine and employed as a remedy for strangury), bloodstone, common salt, nitre, sal ammoniac, fossil salts, potassa obtained by burning rushes and reeds and lixiviating the ashes, medicinal salt, the salt of vipers, the formula for which has been handed down by Pliny and Dioscorides, and finally purgative salts, probably the tartrates, whose activity they augmented by the addition of scammony.

The mineral waters already enjoyed pretty general reputation. They were used as baths, and taken internally. Archigenes had classed them, after their principal constituents, into aluminous, sulphurous, bituminous and saline. The Greeks called them autophue, which corresponds to the Latin aquæ naturales, or sponte nascentes.

The pharmaceutical manipulations were but little more complicated than at the time of Hippocrates. However, Galen makes mention of the water bath, which he terms diplangium, diploma, vas duplex; he was acquainted with sublimation and distillation per descensum. We have stated in a previous part of this sketch that they were also acquainted with the ambix, from which at a later period was derived the word alembic. Certain utensils employed at this time differed but little from those of the present day: they used mortars, stones for pulverizing, sieves, knives, scissors, rasps, spatulæ, presses, basins, and jars of every possible form, for the preservation of the different medicines. The whole advancement of the art at this period seemed to be concentrated upon this point, that of combining in varied proportions, and with a great number of accessory remedies, agents of the most heterogenous characters, for the purpose of overwhelm-

ing, by a single blow, diseases of the most opposite nature, and even of combatting beforehand, by preventive means, morbific causes not yet come into existence.

ART. III.—*Practical Medicine.* By THEODORE S. BELL, M. D., of Louisville, Ky.

In order to compress the largest amount of practical medicine within a small compass, I propose to select such portions of recent periodical medical literature as may conduce to the end in view, and to report one or two cases of recent occurrence in Louisville.

Dumb bell Urinary Deposit.—Dr. Golding Bird, some time since, called the attention of the medical profession to a peculiar formation in urine, to which he very properly gave the name, "the dumb bell urinary deposit." Dr. Bird regarded these dumb bell deposits as zeolitic crystals of the oxalate of lime, but Dr. Frick, of Baltimore, whose work was recently reviewed in this number, in the *American Journal of the Medical Sciences*, for July, 1850, endeavored to prove that these crystals consist of uric acid. In the same excellent Journal, for April, 1851, Dr. John Bacon has published a valuable series of experiments and analyses, and inquiring physicians everywhere will endorse the following statement, made by Dr. Bacon: "The question as to their (the dumb bells') chemical composition is not only one of scientific interest, but of practical importance in its bearing on the treatment of oxaluria, an affection which is probably much more frequent than is generally supposed."

Dr. Bacon's paper is an admirable one, but the important point is his conclusion from his experiments and analyses. That very formidable and painful formation, known as the mulberry calculus, is composed of oxalate of lime, and it is important to the practitioner to know

when that lithic diathesis presents itself. Dr. Bacon regards the dumb bell crystals as "a salt of lime, containing either oxalic, oxaluric, or perhaps some other organic acid easily converted into the oxalic; but the exact nature of the acid remains to be determined by future investigation." Dr. Aldridge, of Dublin, has produced very strong proof that oxalic acid is formed from lithic acid, rather than from any other of the constituents of the urine. The experiments of Dr. Aldridge seem to establish the fact "that oxalate of lime forms in the urine, in certain states of the system, after secretion by the kidneys, and during its detention in the urinary tubes and bladder. It seems highly probable that, in some cases which have been described, the oxalate of lime has been rather formed after the urine has been secreted, than as a result of the secreting process."

Dr. Bacon's experiments with the dumb bell urinary deposit were conducted in strict conformity with the truth developed by Dr. Aldridge, as to the effect of heat in producing oxalate of lime in healthy urine, which did not yield such crystals before being boiled. There is reason to hope that the researches of Dr. Bernard, of Paris, referred to by our foreign correspondent last year, and recently developed before the Academy of the Medical Sciences, by Dr. Bernard himself, may aid practitioners in directing special medicines to the kidneys. A translation of Bernard's remarks before the Academy will be found in another part of this Journal.

On some of the remote effects of injuries of nerves.—In the same number of the *American Journal of the Medical Sciences*, from which Dr. Bacon's remarks are quoted, Dr. C. W. Parsons, of Rhode Island, publishes a valuable paper on the remote effects of injuries of the nerves. These cases often present themselves in practice, and are exceedingly difficult to manage. After a detail of a number of interesting cases, Dr. Parsons

makes the following remarks, which contain a great deal of sound, practical matter:

It would appear, from a large number of scattered facts, of which I have given only a few specimens, that wounds of nerves sometimes are followed by convulsive movements, either in the very part that is hurt—or in particular parts of the muscular system distant from the injury, particularly the muscles of respiration—or involving the whole frame. These convulsions sometimes appear while the wound remains open too long and inflames, sometimes after it has healed. They are sometimes accompanied by fits of pain, at other times not so. Irritative fever, and the various symptoms of hysteria, occur, in many cases, between the time of injury and the appearance of convulsions. The part often becomes partially paralyzed. The spasms are frequently made worse by cold and damp, and cease during sleep.

A large proportion of these various cases have been in young females, and persons said to be nervous, or hysterical. Yet some occurred in the stronger sex; and a good many of these curious observations are furnished by Baron Larrey, from the battle-ground and camp. Undoubtedly some unknown cause in the person's previous state, conspires to produce them, or they would not be so rare. Some persons have taken the trouble to try to *prove* that these effects are rare. To show this, they have laid bare and isolated the nerves in living dogs, and then pinched, pulled, cut, torn, and burnt them. It is found that injuries of nerves in inferior animals seldom produce the secondary nervous symptoms we have been describing. But this only illustrates what we all know, that the constitutional symptoms of local injury and reparation are generally less severe in these animals than in man. If such experiments are meant to prove that, in man, nerves are hurt much more frequently than remote convulsive or neuralgic affections are produced, they are at once needless and insufficient.

The wounds to which these consequences have been ascribed were most commonly punctured. After some incised and gunshot wounds, a nerve has been found to be partially divided. This would put the undivided fibres on the stretch, as may be easily shown by experi-

ment. If a nerve be first partly cut across, the fibres will retract but little; on then dividing it completely, the retraction will be immediate and very considerable. Fatal tetanus was caused in one instance by caustic, which the patient applied himself; the nerve beneath (musculo-cutaneus of the arm) was found red and softened for some inches. Foreign bodies in the substance or immediate neighborhood of nerves—as fragments of bullets, the knot of a surgeon's ligature, the end of a whip-cord, a stick thrust through a hollow tooth—have caused both the painful and convulsive paroxysms. The decayed stumps of teeth act in the same way.

Bleeding at the bend of the arm has sometimes been followed by immediate acute pain, and at a later period by habitual neuralgia or spasmodic attacks. The ill consequences of the wound of venesection most noticed have been the local inflammatory symptoms—particularly inflammation of the cellular tissue, absorbents. veins, and of the fascia connected with the biceps tendon. Some old surgeons, as Benjamin Bell, dwell a good deal on these local inflammations, and seem to confound those of different tissues together. These are all distinct from the nervous affections we are describing, though occasionally combined with them. When the wound of venesection does not heal soon, inflammation ensues in a few days. If the fibres of a nerve are involved, pain runs up the limb, with tenderness. Leeches and cooling lotions have been found to relieve such cases, which are undoubtedly inflammation of the nerve.

It is not necessary to point out the analogy between these cases and neuralgia. Those where pain was the chief symptom are merely instances of neuralgia from a probable local cause. The convulsive attacks are quite analogous to those caused by the irritation of teething, and other forms of what Marshall Hall would style eccentric convulsions. They are on some accounts good cases for study, as they throw light on those more obscure instances where the exciting cause is some previous derangement in the bodily functions instead of a visible outward injury. One other disease resembles these facts somewhat. I mean neuroma, or the painful subcutaneous tumor. We have seen that painful and convulsive turns often come on after the wound of a nerve has healed, the

scar remaining tender and painful, and appearing to be the centre from which the attacks radiate. Some cases of neuroma seem to have originated in this way. One of the most distressing on record was ascribed to the prick of an awl. These tumors are also much more frequent on exposed parts. But they do not commonly have the structure of a cicatrix. Most frequently there is a fibrous cyst of small size, containing a firm body, seated near or in the substance of a superficial nerve, and causing, as its chief symptom, intense, intermittent, radiating pain.

I have not sufficient materials to judge of the prognosis in these cases. Mr. Hamilton, of Dublin, says, after relating a number of interesting facts: "All the symptoms, uninfluenced by every remedy made use of, have gradually declined after a long interval, having apparently undergone a natural cure; but in a few instances the termination has been fatal." From the reports I have succeeded in bringing together, it appears that these affections, like many others that begin in irritation, take mainly their own course, and generally tend toward recovery, if placed under good hygienic influences. The painful paroxysms are more frequently rebellious to treatment than the convulsions.

By far the most important remedy for these affections is to cut off the communication between the wounded part and the nervous centres. The wound or cicatrix may be cut out, or destroyed by cautery; the member may be amputated; the nerve may be cut across just above the part injured, or at a distance above this spot, or a part of the nervous trunk may be laid bare and excised. These operations, if performed early, before the irritation extends far, very frequently give relief; but if delayed till the wound has healed, and secondary symptoms have come on, the result is very much less certain. Mr. Mayo, a surgeon of great experience, says that neuralgic pains, immediately succeeding a wound, may be arrested by dividing the wounded nerve above the part injured; but if they commence after the cicatrization of the wound, the chance is that the disease excited in the nerve has extended too far to be relieved by that operation. A number of cases have come under my notice where an operation has relieved pains or spasms months or years after they commenced. The relief has sometimes been

instantaneous, at other times more gradual, but in many cases was evidently procured by the operation. I have before me the account of a man who was wounded in the leg by a musket-ball, and eighteen days later, after the wound had healed, began to have some degree of paralysis, with fearful convulsions of the whole body, at intervals. About eight years after the first attack, having been subject to these tormenting paroxysms daily for the greater part of the time, he had a piece of the external popliteal nerve, about two inches in length, cut out, and in a few hours he felt a total change, was composed and tranquil, continued free from the sweatings, palpitations, startings, and shudderings he had had before, and in eight years after had only six or seven much milder attacks.* This is a remarkable instance of an irritation causing disturbance of almost all the nervous functions, and yet, after eight years' continuance, so much dependant on the local lesion as to be substantially cured by destroying the connection between the part and the nervous centres.

A lady in this city, many years ago, cut across the end of the forefinger with a sharp knife; the wound did not heal for many days, and some swelling and inflammation followed. About a fortnight after the accident, pains began, which ran up the arm to the shoulder and region of the brachial plexus. After suffering some years in this way, and trying many remedies with no good effect, under the direction of a distinguished Fellow of this Society, now deceased, she had the finger cut across on its palmar surface to the bone. Dr. John C. Warren, who operated, was very far from strongly advising it, and by no means sanguine that any permanent relief would follow. It proved so, however. The last joint of the finger remains a little crooked, the power of using it is impaired; but the pains in the arm, and pricking and tingling in the hand, soon disappeared.

Traumatic tetanus has sometimes been cured by removing the wound, or dividing a nerve that was injured. Larrey has furnished several remarkable cases of this kind; and I have just met with a similar fact in the *Dublin*

* From Descot's *Dissertation sur les Affections Locales des Nerfs*, Paris, 1825. Quoted in Johnson's Med.-Chir. Rev., April, 1827.

Journal of Medical Science, for August, 1850; and with two reported by an Italian surgeon. In the first-named one, tetanus set in twelve days after a very severe contusion, which left exposed about three inches of the posterior tibial nerve. Next day the symptoms were increasing. Mr. Bransby Cooper then amputated the limb, and the tetanus entirely disappeared. The man died, just a fortnight after, of diffuse inflammation of the cellular tissue.

In the more chronic affections which form the principal subject of this paper, it seems to me that an operation should be advised, when milder measures do not succeed, and there is reason to suppose that an injured nerve, or wound of a part well supplied with nerves, is the cause. But, if there be no tenderness or pain in that part, and no swollen cicatrix, if the fits seem to begin from other parts of the body as well as this, there is more reason to expect harm than good from operating. Such is the recommendation of Pearson and Swan; and such would be my own conclusion, from examining a large number of recorded cases.

Since writing the above, I have seen a notice of Dieffenbach's Operative Surgery, in the *British and Foreign Medical Review*, for April, 1846, which states that this eminent practical surgeon takes "a very unfavorable view of the operation under any circumstances. One case of the author, however," it proceeds, "is interesting; very severe neuralgia had followed venesection; the injured nerve was divided, with instant effect, the pains, which had continued for a month, immediately ceasing. A similar case is quoted from Hirsch, in which convulsions and coma accompanied local neuralgia, which were removed by two deep incisions over the wound. But, whether for relief of neuralgia or tetanus, or for any other cause, success is rare; and 'surgery is here under the greatest obligation to physiology for pointing out that the sanguinary path is not the right one.'" This, I would respectfully suggest, is a question for experience, and not for physiology to answer.

The modes of cutting off connection between the injured part and nervous centres, will differ in different cases. Mere incision carried across the nerve succeeds sometimes, though the affection may be expected to return in a few weeks. We have just mentioned a case

where the relief was permanent. Excision of a piece of nerve sometimes gives only temporary ease. In a boy, near Boston, many years ago, "a portion" of the anterior tibial nerve was cut out, for a most distressing neuralgia caused by injury; how large a portion, I cannot tell; the pains returned some months after. It is impossible to say in a general way how large the interval between the divided ends must be to prevent their reuniting. Ollivier states it at about one inch; but it will of course vary with circumstances.

Decidedly the best results have been obtained by cauterization, which most thoroughly prevents the nervous fibres from reuniting. Larrey employed the hot iron, at a white heat, in many cases of tetanus coming on soon after injury, and with good success. I have before related one remarkable cure of a chronic convulsive affection by the actual cautery.

Benjamin Bell proposed that, in cases of spasm following soon after venesection, the soft parts be very freely and extensively divided down to the bone. His advice, I suspect, has seldom been followed, in a part like the bend in the elbow, where the nerve wounded is usually subcutaneous, while there are large nerves and arteries beneath.

Compression, as by the tourniquet, has sometimes proved very useful as a palliative, actually preventing paroxysms which seemed just coming on. The machines for making more exact pressure on nerves, which were contrived to prevent pain in surgical operations before the days of ether, might be introduced again for the present purpose. The bearing of these facts on the question of a nervous fluid is worth noticing.

The only cases where I have known leeches to be useful are those before alluded to, where a wound remains open, inflames, and is then followed by pain up the limb. In some such cases, the local antiphlogistic course has acted like a charm. Rest is of the highest importance in these instances; motion of the part tending to prevent the wound from healing, and to provoke inflammation. The choice between cooling lotions and warm fomentations must be determined by trial. I should also be induced to follow this local antiphlogistic course, when-

ever there was tenderness of the cicatrix and up along the course of the nerves.

In one case of long standing, Dr. John C. Warren advises steady, continual dropping of warm water. Rubefacients, as in ordinary neuralgia, are often useful, but by no means reliable. The older surgeons made great use of oily and balsamic applications. We find so sensible a practitioner as Ambrose Paré applying basilicon to a puncture of venesection, followed by acute pain, *for fear the wound should unite*, and afterwards using oil of turpentine, with rectified brandy, and if these should not suffice, proposing to apply boiling oil.

Of other treatment I have very little to say. It should be conducted on the same principles as that of similar affections, neuralgia or spasms, with no known local cause. I suppose the most important points are, to get the patient to breathe as much fresh air as possible, to direct good and nutritious diet, to prevent excitement or fatigues of the mind, to encourage and soothe, without a parade of sympathy, to obviate any functional disturbances, particularly menstrual, and to give tonics as they can be borne, with anodynes only as they are absolutely required. General cold bathing I have known very useful in one severe case in this city. Mercury has sometimes allayed the local inflammatory symptoms, but no more.

The only point of general treatment on which I could have hoped to say anything new is the use of ether, or chloroform. In the one case I have reported at length, chloroform completely quieted the spasms, but only for the time. Natural sleep also prevented their return. I have not known a single case of neuralgia, distinctly traceable to injury, which was benefitted more than temporarily by these agents. But in other cases of this affection they have often been useful, not only by procuring an interval of ease, but by putting a stop to the paroxysm. I have more than once seen severe tic douloureux pass off under the influence of chloroform inhaled, and then keep off. Its external use seems to me particularly worth following up. Though not so certain as some remedies, it sometimes acts with surprising quickness and completeness. The union of morphia with it, as practised by the late Dr. J. D. Fisher, increases the probability of per-

manent good. I have lately known a solution of sulph. morph. gr. x, in chloroform ℥j, as recommended by him, rubbed and laid on the part, to relieve immediately and perfectly severe shooting pains up the arm, connected with an irritable ulcer on the finger.* The inhalation of ether in tetanus was tried with sanguine hopes. It has sometimes relieved the spams and appeared to save life, at other times it has increased them. Its influence on those healthy muscular contractions, like the uterine efforts which depend on the spinal cord as their ganglionic centre, is not uniform; and the causes of this variety are ill understood. These agents have but just begun to show their powers, and experience is as yet various and contradictory on many points, which will at some future time be cleared up. Certainly, however, a mode of treatment which has succeeded in some dozen or score of well reported cases of tetanus in three or four years fairly deserves to be tried.

This subject is one of scientific, quite as much as practical interest. Yet, though some of us may never meet with facts exactly similar to those we have been considering, it is well for us to be reminded of the rarer forms that disease assumes. The mode in which the system reacts against disturbing causes varies so much in different constitutions, as to make an inexhaustible subject for study. A little puncture, or sudden excitement of feeling, aided by some peculiar impressibility which, perhaps, never showed itself before, may produce speedy death. On the other hand, men have recovered after having the thorax skewered by the shaft of a chaise, or a tamping-iron shot through their brains. The remembrance of such facts will keep us from too great confidence in prognosis—an error which is as easily perceived, and perhaps does a physician as much harm, as any mistake in the actual management of a case.

Buttons in the Intestines producing Symptoms of Obstruction.—Dr. Homans reports the following interesting case:

* M. Deverge recommends frictions with an ointment chiefly composed of chloroform four parts, to thirty parts of lard. He mentions a case of facial neuralgia permanently cured apparently by inhalation of chloroform.

A male child, aged 14 months, on the 23d of October seemed quite unwell, after passing an uneasy night. There was strong effort at expulsion of matters from the bowels. Under these straining attempts, some feces passed, without relief of symptoms; pulse accelerated; skin hot; tossing of head, etc.; slight vomiting also occurred; suspicion of intussusception arose. In the night, the above symptoms having been on the increase for twenty-four hours, a teaspoonful of castor oil was given. Through the night severe pain of paroxysmal nature; the intervals marked by perfect ease; the pain being compared by the mother to uterine efforts in parturition. On the following day the child was much more ill and feverish, and Dr. H. saw it at nine o'clock, A. M.; tenesmus urgent; patient moaning; skin hot; pulse full and quick; a slight discharge of bloody water from the bowels. On palpation of abdomen a hard swelling was detected, about half way between umbilicus and crest of right ilium, of the size of a pullet's egg. On examination by the rectum, a hard mass was discovered, somewhat yielding to pressure by the finger. A large enema was given from a powerful syringe, which was unsuccessful; the fluid being returned before overcoming the obstruction. A second injection was given; in a short time an explosive sound (internal) immediately preceded the discharge of a large lump of solid feces, pushing before it a small *button;* several dejections followed in quick succession, composed of solid and fluid matters, among which were passed *seven buttons*, made from horn, porcelain, and metal, and varying in size from those used for pantaloons to the ordinary shirt button. The child was soon relieved, and has been well since. Nothing had passed from the bowels for forty-eight hours previously to the attack.

Dr. Homans remarked that the case was important, as illustrating the necessity of accurate diagnosis; several of the distinctive features of intussusception and hernia being present, viz., the discharge of bloody fluid, and the tossing of the head so often noticed in intussusception; while the coldness of the external surface, frequently remarked therein, did not exist in this case. There was slight vomiting at first, and likewise the inability of passing feces, even with violent effort, which might have led

to a suspicion of hernia. The detection of a tumor by the finger suggested the use of an enema, as affording a chance for the removal of any foreign body obstructing the intestine.

Hot Water in Sprains.—Dr. Samuel Jackson, formerly of Northumberland, has written a valuable paper, for the *American Journal of the Medical Sciences*, on the use of hot water in sprains. This agent must be regarded, by all who have observed its effects, as a very important remedial power, not only in sprains, but in a great variety of inflammations. Dr. Gordon, of Tennessee, published two lectures last year, in this *Journal*, on the uses of hot water in a variety of diseases, and his statements attracted a great deal of attention. I have seen intense pains of the head relieved in a short time, by the steady application of hot water, and I often rely upon it exclusively.

The paper of Dr. Jackson, on the treatment of sprains with hot water, is a valuable contribution to practical medicine. There are cases that cannot bear the bandage, when the physician first sees them, and such cases will find great relief from the hot water, used as Dr. Jackson recommends it. He details a variety of cases, all clearly establishing the admirable effects of the remedy. Dr. Jackson's peculiar views of inflammation led him to think that the hot water is not useful, if inflammation has had time to form, but I should entertain no fear on that account. The forming stages of a paronychia, and of many kindred affections, are inflammatory from the very outset, yet I know of no remedy which as certainly, speedily, and effectually disperses a paronychia in its early stage, as hot water. The effect of a long soaking of the hands in hot water is strikingly manifested in the hands of washerwomen. The shriveled condition of the fingers shows that the vessels must feel a pressure almost equal to that produced by the bandage, and it would be difficult to conceive how much increased action of the vessels of

the part, or dilatation of them, could take place in such circumstances.

Dr. Jackson recommends that the sprained part be immersed in hot water, and retained there an hour or two; as the water cools, portions of it are to be removed, and hot water added. After the part becomes easy, it is taken from the water, elevated, and cloths dipped in cold water are to be applied, for several days if necessary. Will Dr. Jackson bear with me, while I suggest that he will find the proper application of the wet bandage a great improvement upon the use of the loose cloths? When, for example, the foot is taken from the hot water, and elevated, the bandage is of all remedies the most eligible, and by far the most efficacious. Refrigeration can be carried on with the bandage, and inflammation can by no possible chance supervene upon the use of the roller, properly adjusted.

The following suggestions of Dr. Jackson are useful:

In nearly all cases of external violence which do not implicate any of the viscera, the immediate use of hot water is, as I sincerely believe, the best as it is the surest cure and preventive of pain. If you are about to have a tooth extracted, hold hot water in your mouth both before and after the operation: if you must have a felon lanced, hold the hand in hot water for a long time both before and after the cutting. My first case of what is vulgarly called "inverted toe nail" occurred to me after the patient had thoroughly relaxed the part by warm poulticing for many days, and I did not proceed to the operation of splitting the nail and eradicating the offending portion, till he had bathed his foot a long time in hot water. I had been taught in Dorsey's Surgery that it was a most painful operation, and I was therefore surprised, notwithstanding my hopes from the relaxation, to find the young man making very little complaint. I have several times performed this operation, and owing, as I believe, to the hot bathing, I have not found it severe in a single case.

Now, if I am not mistaken, some reader will here exclaim, that even in inflammation, warm water agrees with

some persons and cold with others. This fact, however, I learned when a student from S. Cooper's prize essay on "Diseases of the Joints:" but however true this may be, I have not found a single case of bruise or strain in which hot water, when used in time, was not a great present comfort and permanent benefit.

When can I use the limb, is the continued cry of the patient and the continual anxiety of the harrassed doctor. Some men have been known to walk off the inflammation as others have been known to walk off the gout, but this is a very dangerous experiment. I once sprained my metatarsus, but as the pain was not intolerable, I rode abroad without any application; on my return, I went to bed with the remittent fever, and the pain was soon gone and forgotten. When I came to use the limb, after two weeks, it became painful; but as the bilious fever prevailed greatly, I had no time to think of self, and nothing was done unless some rubbing with liniment. When the cold weather set in, the pain subsided gradually; but the warm weather of spring brought it back with distressing debility in the part. Thus going in the fall and coming in the summer, this infirmity continued to trouble me for four years. My limb was weak and painful every summer but not so bad as to send me to bed for a cure. I have seen many people triumph over the poor doctor by limping over the earth in great pain till nature cured the disease; but such wayward spirits always pay dearly for their folly, and they are sometimes finally brought to a bed of repentance.

Double Ovarian Dropsy.—Professor E. R. Peaslee reports, in the *American Journal of the Medical Sciences*, the successful removal, by the large peritoneal section, of both ovaries, in a case of double ovarian dropsy. The case is one of much interest, and the following are the conclusions of Dr. Peaslee, from the details of his case:

I. So far as the writer is aware, Miss G——'s case is *unique*, so far as the successful removal of both ovaries at the same time by the large peritoneal section is concerned. It is also scarcely less singular, for the very slight disturbance of any kind from the operation. The *pulse*

never rose above 120; never above 115 after the first twenty-four hours had elapsed, except for a few minutes on Sunday night. From Monday morning to Tuesday morning, it ranged between 93 and 114; Tuesday to Wednesday morning, between 86 and 112; Wednesday to *Friday* morning, between 88 and 104; Friday to Saturday morning, 83 and 100. It never rose subsequently above 97, and averaged 90—about her natural pulse. The *respiration* was 26 for half an hour when reaction was first established, and uniformly 23 or 24 during the first three days; it then continued at 22, till the pulse fell to 90, and then became 20. The *reaction* also was perfect in less than five hours, and was never excessive. Indeed, the patient may almost be said to have recovered without a single bad symptom; at least without any severe symptoms peculiar to such an operation, or which might not have occurred to one of her delicacy of constitution, from even a slight cause. Hence the *medicinal* part of the after-treatment was decidedly expectant. The suppuration could not have amounted to more than ℥iss in all, during recovery.

II. The almost unfailing aid, in the diagnosis of ovarian diseases, which is afforded by the present advanced state of pathologico-anatomical and surgical science, as compared with the obscurity resting over this subject till very recently, is worthy of remark. It is, however, impossible to form any rational conclusion as to the adhesions or non-adhesions of a sac thus filling the abdomen, without previously evacuating it by tapping. Even then adhesions may exist without being detected. The "friction feeling" is more distinctive than any other sign short of evident immobility of the sac; and was, I think, detected in this case on the first examination after (and in less than thirty-six hours after) the adhesions had formed.

The reason assigned for the absence, on the second examination, of the solid tumor felt per vaginam et per rectum eleven days before, proved to be correct. The fluctuation perceived from these passages at the first examination was produced by the fluid in the large sac, which, being less distended at the second, did not fall so low as to be reached. Thus the inferences from the positive signs at first were rightly regarded as being confirm-

ed by their absence afterwards, the circumstances having changed.

III. The temperature and hygrometric state of the air in the room at the time of the operation are very important matters. Certainly, the peritoneal surface is *more nearly* in its natural condition when exposed to a *warm and damp* atmosphere, than if the latter be cool or dry, or both. A still higher temperature than 80° would probably be better for the serous membrane; but it could not long be tolerated by the lungs either of the patient or the operator. It was observed that the surface longest exposed became somewhat livid from incipient congestion; and, had even a less protracted exposure to a dry or a cool atmosphere occurred, I doubt not this effect would have been still more marked, and a decided congestion, which is but a single step from inflammation—from peritonitis—might have occurred. Moreover, a sudden change of temperature, even though a slight one, *after* the operation, and whether general or local, is replete with danger. Hence the temperature was kept at 78° to 80°, till all danger of inflammation had disappeared; and the warm water dressing was kept constantly upon the abdomen, as long as any dressing was needed.

That the alimentary canal be also empty and collapsed at the time of the operation, is an important consideration; since thus protrusions are avoided, or easily reduced if they occur. Hence the propriety of a dose of oil thirty-six hours before the operation, and fluid nutriment afterwards.

IV. Several difficulties I have not seen adverted to, in reports of this operation, occurred. 1st. The skin, being very tense, retracted about 3 inches when divided, and also drew the next layer (one and a quarter inch thick, as before stated), as it was divided, down to an almost level surface, and thus rendered it impossible to keep the precise position of the middle line in the eye, through the whole length of the incision—nine inches. 2d. The fascia transversalis and parietal peritoneum were so atrophied by pressure as not to be recognized as distinct layers either during or after the operation, instead of being thickened as usual. 3d. Violent efforts to vomit, *i. e.*, spasmodic action of the abdominal muscles, have been not unfrequent in other cases, and may not, therefore, in this, have

been occasioned by the anæsthetic. 4th. The thickness of the abdominal walls (one and a quarter to one and a half inch) produced much difficulty in coaptating the edges of the incision. Large needles, two and three quarter inches long, were required; they must also be curved, and therefore annealed; and thus their points were spoiled. Still the latter must be carried through the walls obliquely, so as to pass between the abdominal aponeurosis and the peritoneum, while, at the same time, the former was hardly thicker than stout letter paper, and the latter not certainly recognizable at all. Still the risk of peritonitis was not partially enhanced by the delays thus produced; since they occurred either while the sac still protected the peritoneum, or while the wound was being closed.

V. The appearance of the catamenial discharge,* seventy-two hours after both ovaries had been removed, and its continuance for three days, appears at first sight to contradict the idea, now generally entertained by physiologists, that these organs originate the *nisus* which thus manifests itself. I should, however, consider the discharge, under such circumstances, as a mere uterine hemorrhage, resulting from the congestion of that organ produced by the operation; and as, therefore, being a most salutary phenomenon, and a highly favorable symptom. A patient on whom I operated, three years since, for an extensive laceration of the perineum, had a similar phenomenon occur on the third day afterwards, which also continued three days, and prevented the complete success of the operation. In that case, also, I think the exciting cause of the hemorrhage was of the same general character; the preceding regular period having ceased a week before the operation. I shall expect to learn that the theory above alluded to is confirmed by the future history of the present case.

The fact that the urine became free (℥viii every six hours) within forty hours after the operation, and continued so uniformly afterwards, was regarded as highly favorable at the time; and this, together with the fact that, at the end of eighty-five hours, she evacuated the bladder without instrumental assistance, was thought to

* Its last regular appearance had been ten days before.

be inconsistent with the idea that peritonitis was then impending.

VI. The pain complained of October 5th was probably produced by the patient's leaning upon her elbow in bed; and that in the right iliac region, which occurred on the 10th, and continued four days, I should attribute to her efforts, as she sat up longer each day, and to the pressure on the uterus, and perhaps also on the ligatures directly of the small intestines, while thus erect in bed. A somewhat constipated state of the bowels is another element in the causation perhaps worthy of notice.

The violent attack of pain on the 19th of November may or may not have been excited by the removal of the last ligature that morning. I incline to the opinion that it *was* thus excited, though no undue force was applied to the ligature, and it is improbable that the peritoneum was at all implicated. It appeared to me possible that some, at least, of the ligatures were adherent to the abdominal walls alone, at my last visit, five weeks before (October 16th). But, in regard to the two ligatures first brought away, this opinion is shown not to hold, since they were both *untied* before they left the pedicle. The last ligature, however, *slipped off*, as was shown by the loop still remaining whole; and, therefore, might have been retained by granulations in the abdominal walls for days previous to its detachment. I judge this was the fact, and that a nerve being also implicated in its detachment accounts for both the superficial character of the pain and the rapid culmination of the attack. I am, however, by no means tenacious of this explanation.

But what became of the fourth ligature, of which no account is rendered by the patient? I doubt not that it was removed together with one of the larger ones. In all four of the ligatures, there were sixteen threads of silk. The last included two of these; and I doubt not one of the preceding was made up of eight threads, and the other of six. Two ligatures, thus removed together, would of course lie side by side when drawn out, however distant their internal extremities may have been before; and the patient could not be expected to remember to count the threads as they were removed. I shall doubtless request the next patient to preserve them for subsequent inspection.

VII. The pedicles were divided thus, |~o~|: the *oblique* lines representing the cut edge, the circle (o) the puncture made by the needle, and the dotted line the level of the ligatures—in order that the loops might *slip off* on applying traction at the proper time, and thus the ligatures be the sooner detached. It appears, however, that only one of them became detached in that way, the rest having been previously *untied*. The one that *slipped*, also, was the last to come away; but the supposition has already been hazarded that it may have left the pedicle, and probably did, some days at least before it was detached. Whether, therefore, my idea as to dividing the pedicle will prove of any practical value, still remains to be decided. And whether the loop usually slips off, or cuts out, or becomes untied, after this operation, is a question previous reports do not enable me to decide, and which I now have under investigation.

VIII. The success of the operation I attribute to the fortitude and confidence of the patient; the comparatively slight adhesions of the diseased mass; the temperature, &c., of the room at the time and subsequently; accurate coaptation of the divided abdominal walls; and the judicious after-treatment of Dr. Jarvis, seconded by the faithful attentions of the three young gentlemen before named. I am positive that as much care and skill are necessary in closing the incision properly, as in performing the preceding operation.

Whether the operation of ovariotomy is ever justifiable, is a question which would certainly be out of place here. It is the writer's opinion that, if the patient's general health is rapidly failing (but not already too far prostrated), and the tumor is found to be not extensively adherent, so far as all the known methods, taken *together*, can decide that question, the operation *is* justifiable; *provided* the patient, after fully understanding its nature, strongly desires to have it performed, and has strong hopes of recovery therefrom. But it is an operation never to be urged, nor to be undertaken by an operator whose care does not include the minutest particulars, both prior and subsequent to its performance, which can affect its results.

Dr. Peaslee states that the *aunt* of his patient was the first person on whom the operation of ovariotomy was

performed, in this country, and that it was performed in 1820, by Dr. Nathan Smith, of Dartmouth College.

Dr. Peaslee is laboring under a singular error in this matter, and as we cannot believe that he would willingly do injustice to the equitable claim of a Kentucky surgeon, we purpose to present him proof of his error. Kentucky is entitled to no small renown in Surgery. A Kentucky surgeon, Dr. Walter Brashear, a gentleman well known to the writer, was the first one who amputated at the hip joint. His operation was successfully performed in 1806, eight years in advance of Dr. Mott, yet the latter claims all the honor due to the original in this operation. A Kentucky surgeon was the first one that "exsected the clavicle for osteo-sarcomo." Dr. Charles McCreary, of Hartford, Kentucky, successfully performed the operation, on the 4th day of May, 1811. Seveteen years afterwards Dr. Mott performed the operation, and claimed that he was the first in that enterprise of surgery. He calls it *his* Waterloo operation, and says he claims the credit of it, "for his country, his city, and himself." We claim, and truthfully too, the credit of the operation for "our country, for Kentucky, and for Dr. Charles M'Creary." The method of Dr. M'Creary's operation was almost similar to the one adopted seventeen years afterwards by Dr. Mott. And when it is remembered that Dr. Mott was a follower of Dr. M'Creary in this operation, and the vast superiority he possessed in the appliances for the Waterloo operation, over those in the hands of his Kentucky predecessor, Dr. M'Creary's reputation must be considerably enhanced.

A Kentucky surgeon was the first to perform the operation of ovariotomy. Dr. Ephraim McDowell, of Danville, Kentucky, performed the operation the first time it ever was done, in 1809, eleven years before Dr. Nathan Smith's operation on the aunt of Dr. Peaslee's patient. The tumor, removed by Dr. McDowell, weighed fifteen

pounds, and by the thirty-fifth day after the operation, the patient was well. Dr. McDowell performed the operation of ovariotomy, a number of times, with signal success. Dr. Lizars, of Edinburgh, sixteen years afterwards, set up a claim to originality in the operation, but that he did it in full knowledge that he was doing injustice to the merits of Dr. McDowell, is evident from one fact not generally known. Dr. McDowell was a pupil of the celebrated Edinburgh surgeon—John Bell. He did not attempt to make a noise in his own country, over his successful enterprise, but contented himself with writing out a history of his cases, and transmitted it to his preceptor, John Bell. Upon the death of that distinguished surgeon, his papers passed into the hands of Mr. Lizars, and from Dr. McDowell's cases, he first learned that ovariotomy could be successfully performed. When he published his own success, he took good care to avoid all reference to the distinguished Kentucky surgeon.

It is to be hoped that Dr. Peaslee will correct the error that has gone forth in the *American Medical Journal*, under his authority, and render justice to the signal merits of Dr. Ephraim McDowell, of Danville, Kentucky. I referred to this subject in the February number of this *Journal*, for 1850, and regret that any necessity has again arisen for the vindication of the proper claims of Kentucky Surgery.

Glycerine.—I have seen so many gratifying evidences of the value of glycerine for certain forms of aural derangement, that I take much pleasure in making an abstract from a recent lecture on the subject, delivered by Thomas H. Wakley, surgeon to the London Free Hospital.

Mr. Wakley very correctly remarks, "an accurate diagnosis is half the cure." It is very essential in the proper use of glycerine, as all will find, who undertake to use the remedy. There are forms of deafness that derive

no kind of benefit from the use of glycerine, while there are other kinds that are promptly relieved. An ear speculm, with a good reflector is essential to the proper management, not only of these cases, but of many others. A few days since a man came to me, complaining of having a splinter in his ear. I examined the ear as carefully as I could, with a strong light, but was unable to find the object of my search. But upon applying the speculum, I found the splinter, and was able to seize it with a pair of very small forceps, as easily as if it had been lying on the surface. Now if the speculum was essential to the finding of a splinter in the ear, should not its aid be constantly appealed to in explorations of the delicate organism of that body?

Mr. Wakley speaks to the point in the following remarks:

A new remedy is sure to be exposed to the misfortune of being recommended in cases that are not suitable for its adoption: from this cause, an important agent often falls into disrepute, and even disuse. In the treatment of deafness, failures of new remedies are the more likely to happen, as aural maladies find no favor with the majority of the profession. Many empirics owe all their success and ill-acquired wealth to this cause.

The introduction of glycerine into the treatment of ear-diseases has produced some slight change in practice; and many cases, which not long since fell to the lot of the "aurists," are now in the hands of regular practitioners, greatly to the advantage and safety of the sufferers. The examination of the ears by competent practitioners has led to the discovery of diseases unsuited for the use of glycerine, but having fallen under the notice of competent surgeons, unexpected relief has been afforded to many desponding patients. Why, it may be asked, should the surgeon abandon any class of diseases, and thus invite the charlatan to enter a field of practice which legitimately belongs to the profession? The impropriety of so doing cannot be doubted. It is improper, because it is injurious to the professional character; and it is unwise,

because it encourages ignorance, at the expense of a too credulous public.

Soon after my first publication, many unsuccessful cases of the employment of glycerine in deafness were reported to me. This was to be expected. Failures were sure to take place, from a variety of causes; the two most frequent being, the inaptitude of the cases chosen for the employment of glycerine, and the impurity of the drug used. Several samples of glycerine were sent to me for examination. In only one instance was the specific gravity correct, and in several the fluid contained an admixture of lead and oil; such glycerine as this must always prove injurious. Sometimes it may, when thus impure, prove highly irritating, and instances of this kind have been mentioned to me by both London and country practitioners. If there exist oily particles in the glycerine, they become rancid, and the whole fluid is speedily vitiated; in this state it cannot be used with safety. I feel confident that the impurity of the article has been a frequent cause of failure. In other instances, the glycerine has not been used with sufficient diligence, nor for the requisite length of time. Structures that are almost disorganized cannot be restored to a normal state in a day.

Again, he says:

In making this investigation and inquiry, the *history* of the malady cannot be too attentively considered. Did the defective hearing first occur after an eruptive fever?—an abscess in the face, or fauces?—a fall?—a blow?—a fit? Was there a discharge from the ear in the first instance? —if so, what was the character of the discharge? Did any sequestra escape? The *form* of the ear should be carefully examined, and the auditory canal and membrana tympani inspected by means of instruments especially constructed for the purpose. A silver speculum should be used, through which are reflected the rays of the sun, or of a very strong artificial light. By these means we are enabled to examine carefully the auditory cul-de-sac, and especially the membrana tympani. The quantity and condition of the cerumen should be ascertained. If a stethoscope be placed over the external ear, and the patient be directed to close his mouth and nostrils, and then

forcibly expel the air from his lungs, it will readily be discovered whether the Eustachian tube be open or not.

If the drum be entire, the air will be heard to strike forcibly against it. On the other hand, if the drum be perforated, the escape of air through the auditory passage will truly indicate the condition of the parts. All these points are entitled to attention; some of them, however, as you will soon discover in practice, are of much more importance than others. Catheterism of the Eustachian tube should not be practiced on slight grounds. When a necessity for the operation exists, of course it should be performed, but not otherwise. In unpracticed hands the operation may be productive, not only of annoyance, but of some mischief.

If the surface of the auditory canal be hard and inelastic, shining, and of a whitish appearance: if the natural secretion be wanting, and the membrana tympani be not painful to the touch, the glycerine may be employed with a tolerable certainty of success, even if a partial deafness has been of many years' duration. An uneven appearance of the external membrane of the drum is an unfavorable sign, as in some instances it may be caused by displacement of the bones of the delicate aural structure. When, besides the sense of hearing, the other senses are deficient of action, the employment of glycerine alone offers no hope of success. In such cases the utmost possible attention should be paid to the general health of the patient, with a view to restore the activity of the nervous system. The existence of paralysis in any part, unless from a traumatic cause, is an adverse indication with respect to the use of glycerine. The modes of applying the remedy vary according to the state of the parts, and the effects sought to be produced. When the surface of the aural canal is dry and shining, the ears are to be carefully cleansed by means of cotton held within the blades of a pair of forceps, and moistened with warm water. The canal is then to be rubbed with dry cotton, held in a like manner. Next the glycerine is to be applied by the same means, the cotton well soaked in it, having been repeatedly passed backwards and forwards in the external meatus, care being taken to diffuse it over the surface of the tympanum.

These are very important and valuable practical views. They deserve the serious consideration of the practitioner.

In Cases of deafness, depending upon impacted wax, Mr. Wakley advises the following prudent course:

In other cases, where the ears are plugged with hardened, impacted wax, and where the membrana tympani is only coated with vitiated wax, the glycerine must be dropped into the ear three or four times during the day. In twenty-four hours the hardened mass will generally become sufficiently softened for removal—a little operation which requires some caution. If force be used, a portion of the delicate membrane of the drum may be torn away, and unpleasant consequences ensue. The mass will generally separate without force of any kind, if the means recommended be carefully followed, gentle syringing will also promote the separation. A pellet of fine sheep's wool, moistened with glycerine, should be placed in the meatus, in order that the newly exposed surface may be brought under the direct operation of the remedial agent. The pellet also would be of use in protecting the parts from the effects of cold and the sudden influence of the air. The removal of an impacted mass of exsiccated cerumen without these precautions may produce more deafness than the presence of the offending substance.

In order to retain the glycerine for this purpose in the ear, Mr. Wakley recommends that the external meatus be plugged with wax. Another method commended for these cases is the use of a pellet of sheep's wool soaked in the fluid, and pushed gently into the meatus until it rests against the drum. The plug of wool should be the size of the aural-cul-de-sac. The beeswax plug must be used in this case, for the purpose of preventing access of atmospheric air, and the exit of the glycerine. The plan here described must be repeated every morning, the meatus being carefully cleansed each time with warm water, and made dry by passing backwards and forwards a small piece of dry cotton—this will make a clean surface

for the action of the glycerine. This plan is useful, too, in cases of epithelial thickening. Mr. Wakley says:

Glycerine is particularly useful in deafness following eruptive or other fevers; also in deafness arising from thickening of the drum, caused by an epithelial deposit. In the last-noticed condition, glycerine separates the epithelial excrescence, and thus restores the membrane to its natural state and appearance. Sir Astley Cooper, who at an early period of his brilliant professional career devoted much attention to the diseases of the ear, used *nitrate of silver* for effecting a separation of the cellular formations in these cases. But the glycerine, perfectly innocuous, is a more effectual, and at the same time a safe remedy. When the drum is perforated, the glycerine must be only applied to the walls of the meatus, care being taken not to use a sufficient quantity to admit of its being introduced or forced into the tympanic cavity. Should such an accident occur, tepid water ought to be immediately syringed into the ear, and the operation repeated three or four times. In this way the glycerine would be quickly removed.

The caution thus given on the subject of an opening in the drum of the ear, shows very strongly the necessity of the ear speculum. The practitioner of medicine cannot fail to profit by the precepts of the lecture, of which this is an abstract.

Case of poisoning by Sulphuretted Hydrogen Gas.—On Tuesday, the 22nd of April, Mr. Hugh Ferguson, an old and highly respected citizen of Louisville, and a German laborer in his employment were severely poisoned with sulphuretted hydrogen gas, and as the subject is one of some interest, both in the deadly character of the poisonous agent, and the infrequency of poisoning from it, I purpose to give the details of Mr. Ferguson's case, the one in which I was employed.

On the 22nd of April, the German laborer referred to above had finished a pit alongside of an old privy pit, and

his object was to empty the old pit, into the new one. He had made two scaffolds in the pit, one about eight feet from the ground, the other about three feet. After tapping the wall of the old pit, the laborer threw into it twelve buckets of water, in order to increase the fluidity of the mass, so as to make it run easily. This, however, increased the pressure, and forced out the sulphuretted hydrogen gas. About six o'clock, Messrs. Ferguson and Atkinson being present, the laborer descended to the lower platform in the new pit, in order to be sure that his work was accomplished. Soon after reaching the platform, he was so overpowered by the deadly gas, that he sank upon the platform, without being able to make any outcry. Mr. Ferguson thought the man had fainted, and remarked that he was too old and feeble to go down into the pit, but added, that he could not see the poor fellow in that situation without giving him assistance. He accordingly descended, unsuspicious of the noxious agent he was about to meet. Mr. Atkinson also partially descended the ladder, but Mr. Ferguson turned deadly sick, and attempted to get back to the ladder. Mr. Atkinson reached out his hand to assist him, but the overpowering gas had performed its work too effectually, and Mr. Ferguson fell, and drew Mr. Atkinson into the pit. The latter had presence of mind enough to hold his breath, managed to climb the ladder, and was thus able to give the alarm. If Mr. Atkinson had not escaped, all three of the victims must have died, because their condition would have been unknown, probably for hours.

As soon as assistance reached the place, water was freely thrown down into the pit, under the vain and fallacious hope, I suppose, that it might exert an influence on this occasion, on sulphuretted hydrogen gas, which no one ever knew it to exert on any former occasion. Water has no power of destruction over this gas, and its use on this occasion was a serious evil—it aided in disengaging more

gas, by its pressure—it buoyed up the gas, and thoroughly chilled the two victims, from whose surfaces nearly all the blood had already retreated. What can more effectually show the value of sanitary studies, than this case? In London and Paris, where science guides all these matters, sulphuretted hydrogen gas is destroyed by fire. If a few pans of fire had been let down into this pit, the noxious gas would have been burned out in a few minutes, and the poisoned men would have had atmospheric air to breathe, by which they would soon have been rescuscitated.

No one could venture down into the pit, a fact which shows the folly of the torrents of water that were slushed upon the dying men. Ropes were procured from a neighboring pump-maker, and after a great loss of time, the two men were caught by the hooks, and drawn up to the ground apparently dead.

I reached the place soon after the sufferers were drawn out: I found the case in the hands of Dr. Lyle, and joined him in the treatment. The case presented a group of symptoms, in which I saw no gleam of hope. The entire surface of the body was cold, and apparently dead—the breathing, if the spasmodic attempts after air, that were made by the sufferer can properly be called breathing, seemed to carry no air to the lungs. Mustard had been applied, but it produced no effect, and ammonia to the nose gave no sign of its presence. It would be difficult to exaggerate the gravity of the symptoms. The skin was universally cold, as cold as death itself could make it; the spasmodic attempts to get air, already described; a pulse sometimes manifesting itself in a feeble flutter, and at other times altogether absent, and this state of things persisted in fully for three hours, and to a considerable extent for six hours, constituted one of the most serious forms of imminent danger I have ever seen.

Immediately after the men were drawn from the pit,

they were taken to a porch in the street, for the purpose of giving them fresh air. When I reached the patient, an immense crowd was in the street, and porch, and all over the steps of the latter, and it was difficult to secure the sufferers a supply of air. The mustard which had been applied to the skin, produced no effect, and we determined to remove our patient to a neighboring house. Numbers of persons in the vicinity offered their houses, and all that might be needed for the use of the sufferers, and the contest seemed to be who should have both the victims. We conveyed Mr. Ferguson to the house of Mr. Atkinson, and the German was taken to the opposite house—Jas. I Lemon's

The most urgent demand in Mr. Ferguson's case was the removal of his wet clothes, in order to have the benefit of a warm dry bed, and after that was secured, all our means were directed to the relief of the asphyxia.—Spasms now supervened, and were very severe for some time. We depended on external applications of heat, mustard sinapisms, Granville's lotion to the back, and injections, per rectum, of brandy, and in one of them, we used a tea spoonful of chloroform in combination with the brandy. About this time Dr. Lewis Rogers joined Dr. Lyle and myself in the case.

From the first of the case, I was apprehensive of apoplexy, and as the patient emerged from the asphyxia, a stertorous breathing, a more profound coma than there should have been when the asphyxia was passing off, the condition of the pupils, and rigidity of the muscles of the jaw, all indicated that our worst apprehensions were about to be realised. But we were prepared, and the approaching danger was promptly, and as vigorously met, as the circumstances of the patient would warrant. Nothing was done at hap-hazard, and we patiently bided our time. As the reaction began, cold applications were made to the head; when these failed, we resorted to leeches, and when

they failed in doing all we hoped for from their use, we administered three drops of Croton oil, applied blisters to the ancles, wrists and back, and finally opened a vein in the arm, and drew off a quantity of the blackest blood I ever saw.

Between 1 and 2 o'clock, A. M., we retired from the house, determining among ourselves, that we could wait several hours for the effect of the active treatment our patient had undergone. The arrangement was that I should return to the case at 4 o'clock. I slept two hours, and then visited the patient again, and found our most sanguine hopes realized. The breathing was calm, the pulse full and well sustained, the extremities warm, and while I was in the room the patient spake for the first time. The apoplectic symptoms were entirely gone; the croton oil acted well, the blisters drew admirably, and in the course of the morning a distressing stranguary manifested itself, but it was relieved by sprinkling powdered camphor on one of the blisters, and by the use of demulcent drinks. We enjoined rest, and in the afternoon, the patient was removed to the house of one of his daughters.

Throughout the asphyxia I noticed that the left side was much more lifeless than the right, and the blisters on the right ancle and wrist proved to be much sorer and deeper than those of the left ancle and wrist.

These are the main features of this interesting case. From the point where I drop the details there was no occurrence that demands any special notice. The patient rapidly recovered, and on Friday was able to walk about. As in cases of concussion of the brain, in this there is a complete obliteration of all memory of the matters immediately preceding the disaster. Mr. Ferguson is unable to remember that he was about the pit, and can recollect nothing of the descent and fall of the German laborer. But in all other respects his mind and his memory are as perfect as ever they were.

This case is important as a caution to others who may have anything to do with the emptying of privy pits, cess-pools, or who may be in the neighborhood of reservoirs of sulphuretted hydrogen gas. Where its existence may be reasonably suspected, the truth may be easily discerned by letting down fire into the suspected air. If flames spread around the fire, it is an evidence of the existence of the deleterious gas, and the fire not only reveals the fact, but destroys the poison.

The recovery of Mr. Ferguson was a great triumph of medical science. Throughout the whole of what a Spaniard expressively calls a *nòche triste*, there was a regular game of chess between death and medical art; each move on one side called for an opposing move on the other, and the ultimate point to checkmate death governed every move on the part of the physicians. The triumph was complete at day-light. Mr. Ferguson is advanced in life, somewhat feeble in health, but remarkable for his regular, abstemious and prudent habits. But taking his age, and debility into consideration, in connection with the violent character of the poison he inhaled, his escape from death is one of the most remarkable occurrences I have ever met in the practice of medicine.

REVIEWS.

Art. IV.—*A Practical Treatise on the most common Diseases of the South*, exhibiting their peculiar natnre, and the corresponding adaptation of Treatment. To which is added an Appendix, containing some miscellaneous matter. Also a Glossary explaining the meaning of the Technicalities, or medical phrases, used in this book. By Thompson McGown, M. D., Graduate of Transylvania University, Member of the Lexington Medical Society, and a Practitioner of the South. "Is there no *balm* in Gilead? is there no *physician* there?" Why, then, may not all be healed, or profited? Philadelphia: Grigg, Elliot, & Co. 1849. 8 vo. p.p. 441.

This, it must be confessed, is not a very prepossessing titlepage. The author has undertaken one of the most difficult of tasks—to write a book on medicine at once scientific and popular. Horace considered that an author had attained every point who had succeeded in mingling the useful with the agreeable. It was deemed by the ancients one of the most dangerous feats in navigation to sail between Scylla and Charybdis. No doubt both these achievements demand great talent, skill and address, but we question whether either is as difficult as it is to compose a scientific work which, while it is adapted to the capacities of the populace, is also fitted to instruct the professional reader. Dr. McGown thinks he has succeeded in both particulars, and that his book "will be of great value to students of medicine, young, and even old practitioners, and those who have recently emigrated to the South or south-west, and the southern and southwestern people generally." We are not going to

be so illnatured as to gainsay this, or in any way attempt to disturb the feeling of complacency with which our brother regards the offspring of his pen. We hope his treatise will prove to be all that he believed respecting it when he sent it abroad upon its benevolent mission.

Dr. McGown is a decided believer in sectional medicine. He holds that medical books to be valuable in the South must be written in the South, and ascribes to Dr. Cartwright the sentiment that "the best works extant on *diseases of the South*, are those of Hippocrates, the father of medicine." We have more than once expressed our emphatic dissent to this doctrine, and we can imagine the feeling of surprise with which the eminent physician just alluded to will find himself quoted for such an opinion. Dr. Cartwright has declared that Hippocrates has given the "best descriptions" of southern diseases, but to say that "his works on diseases of the South are the best extant," would be a great libel on the profession. It would indeed be time to "throw physic to the dogs," if no improvement had been made in the treatment of "diseases of the South" during the long centuries of professional toil and study that have elapsed since the days of the Coan sage. And medicine, we think, must resign its high pretensions to science if it can be shown, that it is a mere local, sectional thing, destitute of principles of general application, which must be studied in special localities, under teachers educated with special reference to particular diseases—if it can be shown, that only northern physicians are qualified to teach and practice their profession in the north, and none but physicians of the south are fit for southern practice and teaching. Still, a treatise on the particular diseases of the South written by a competent observer who has had long experience in their management, must possess its advantages. It is likely to be more graphic and truthful than the production of a writer who had never witnessed the phe-

nomena he describes; and hence every contribution to our medical literature from the pens of southern physicians is welcomed by the profession in every quarter of the country.

The principal subjects treated of in this volume are the following:—Malarious diseases, Intermittent Fever, Cachexia, Tuburculous Cachexia, Scrofula, Chronic Rheumatism, Tabes Mesenterica, Chronic Bronchitis, Hemoptysis, Dropsy, Enlargement of the Spleen and Liver, Epilepsy, Puerperal Convulsions, Dyspepsia, Leucorrhea, Dysmenorrhea, Congestive Fever, Remittent Fever, Yellow Fever, Acute Rheumatism, Typhoid Pneumonia, Diarrhea, Dysentery, Asiatic Cholera and Croup. In an appendix some notice is taken of certain miscellaneous matters, as Gonorrhea, Concussion, Incised Wounds, Gun Cotton, Collodion, Worms, Catarrh, Ephemeral Fever, and Itch. A glossary is added for the benefit of non-professional readers.

If it was thought worth while, we might institute an inquiry as to how far some of the above recited affections can properly be claimed as "diseases of the South." In what sense, for example, is chronic rheumatism, or dyspepsia, or typhoid pneumonia, or epilepsy, or dysmenorrhea, or itch, a Southern disease? Doubtless they all occur in the South, as they occur in all countries, but there is no propriety in bringing them into such a category except for the purpose of pointing out the peculiarities imparted to them by the climate and other influences of the South, and this our author has hardly essayed to do. We expect a treatise on diseases of the South by a southern physician to contain something distinctive. We expect to find in it something better than vague generalities, or even sound opinions and good extracts gathered from English, French, and American authors. It ought to be an exponent of the professional opinion and practice of the South. It ought to consist of graphic de-

scriptions of the complaints of the country, their peculiarities, the treatment applicable to their modifications, their statistics, and, as far as dissections have revealed anything, the post-mortem appearances. In a word, it ought to be the record of an observer on the spot, and to contain what the eye-witness alone can impart. Such a work is highly interesting and instructive. It is sought after with avidity, because it comprises new facts and faithful histories—is a mine of original observations. The author of such a work must be a man who can "employ sometimes the eye of the body, and at others that of the mind," who has a talent for detail as well as powers of observation, and "who unites with the industry of the mechanic the soul of the philosopher."

Our conviction is that the treatise before us cannot be ranked very high among the works which "the diseases of the South" have called forth. It appears to us as evincing a want of judgment, or tact, or, to say the least, of self-reliance, that the author deemed it necessary to introduce his work with certificates as to his professional standing from "ministers of the gospel," "sheriffs," "ex-clerks of courts," and "attorneys at law." This may do very well for the popular wing of his readers, but we fear that it will have any other effect than to advance his work with his professional brethren.

Art. V.—*Ether and Chloroform:* their employment in Surgery, Dentistry, Midwifery, Therapeutics, etc. By J. F. B. Flagg, M. D. Surgeon Dentist, Member of the Rhode Island Medical Society. Philadelphia: Lindsay & Blackiston. 1851.

Dr. Flagg has performed an acceptable service by this monograph on Anesthesia, and has presented the claims of the subject in a clear, forcible and philosophical manner. In 1849 the writer of this thought there was too

great a disposition to resort to anesthesia in season and out of season, and an admonitory paper was published in this Journal on the subject. There seems to be now a current setting in from the opposite quarter, and there is something more than a salutary timidity in relation to the agents of anesthesia. The work of Dr. Flagg is well calculated to teach correct views, and to lead to proper conclusions.

Dr. Flagg's book treats of the following subjects: Oxide of Ethyl, or Ether, Chloroform, its Chemical Constitution, Ether, Review of the History of its Inhalation, General Directions for Administering Ether, etc., Physiological Effects of Sulphuric Ether, Sulphuric Ether in Surgery, Pathology, considered in connection with Ether Inhalation, Diagnosis, assisted by Ether Inhalation, Neurology, New Theory suggested, etc., Psychology, in connection with Ether Inhalation, Chloroform, as a Local Anesthesia, Anesthesia in Midwifery, Correspondence in Relation to the Efficacy of Ether and Chloroform, Miscellaneous Cases, Sulphuric Ether, and Unfavorable Impressions in regard to its use.

The following remarks are useful and judicious, and it is well for the inexperienced to have the advice contained in them, from such a discreet, experienced practitioner as Dr. Flagg. He says:

I know of no condition wherein the use of this article can be considered as really dangerous, if governed by a knowledge of its effects under all circumstances, and handled with that prudence which should ever be exercised in the use of all powerful agents. Steam may be used with *safety* in a poor boiler, in view of certain considerations, none of which, however, embrace the idea of ignorance or recklessness on the part of the engineer.

Ether, to be inhaled into the lungs, should be very highly rectified, washed free from its acid and alcoholic properties, rendering its specific gravity but little more than half that of distilled water.

No apparatus should be used as an *inhaler* which does not amply provide for the admission of atmospheric air, or that by any means would render the breathing difficult. A good sponge, well and frequently saturated with ether, is probably the best and simplest method of administering it; but a tumbler or cup for the purpose of holding a sponge, has been both convenient and economical, particularly when the frequent use of ether is required.

It is well to establish that understanding between yourself and your patients which will secure their most implicit confidence, both in yourself and in the full power of the ether to accomplish the end desired, requiring them to answer any question you may put to them while inhaling, as long as they perfectly comprehend you. By the *manner* in which they answer, you will find one very good guide when to perform the simple operation of extracting one or two teeth. I have found that partial etherization has been preferable in nearly all short operations, and particularly where the coöperation of the patient has been at all desirable.

The pulse should always be consulted. Its general tendency is upward or quickened. When this takes place very rapidly, it is proper to cease giving the ether for a few inhalations, or until reaction takes place, when a repetition of the ether will not unfrequently promote its downward tendency. Under ordinary circumstances I consider it safe to increase a pulse to 160 (one hundred and sixty) beats in the minute; or to suffer it to decrease to 50 (fifty), but of course there must be exceptions to this rule too obvious to need particularizing.

The expression of the countenance and temperature of the head should be observed. When the face becomes suddenly turgid, cold water should be applied to the forehead and temples, suffering the patient to breathe ammonia, or concentrated vinegar, allowing at the same time plenty of fresh air, directing them to take full and rapid inspirations. The variation of the temperature of the head is best detected by the habit of taking the pulse from the temporal artery.

The ether should be brought gradually to the mouth of the patient,—by so doing all irritation of the larynx and lungs is avoided. Direct to take regular and natural inspirations, to avoid swallowing the vapor; and should

the breathing become stertorous, or in any way distressed, desist from its use until the natural breathing is restored.

If it should be found desirable to give the ether to that extent to induce narcotism, never suffer yourself to be thrown off your guard by any demonstration on the part of your patient. Firm, cool conduct on your part is more remarked by the patient than the casual observer would suppose. It is not unfrequent that a loud outcry may be induced, a distressing groan, or other manifestations of inconvenience or pain, which invariably pass off, and the strongest assurances are given by the patient, if aware of this fact, that he knows of no particular reason for such conduct.

It will be found, after inhaling for a minute or two and no effect is produced, that by allowing the patient to take one breath of atmospheric air considerable dizziness is felt. As a general thing, a very few inhalations after this are sufficient; and if the patient should resist, it is best not to meet that resistance by any physical force, but by firm yet kind treatment.

Should the operation be one that will require the introduction of the finger or thumb between the teeth of the patient, it may be well to protect it with a bandage, in view of his closing the mouth.

If ether should produce much prostration (which it is most apt to do when the atmosphere is least charged with oxygen), it is well to recommend self-exertion, as walking about, &c.; but if the desire to sleep is too strong to be resisted, entertain no fear from that indulgence, as the patient will soon awake refreshed.

After inhaling for a certain period, should any spasmodic action occur to retard breathing, sprinkling a little cold water suddenly on the face, or a pretty active slap between the shoulders, will be sufficient to relieve any obstacle in this respect.

I have occasonally given the ether for the removal of a tooth, and, when the effect passed off, some little complaint of headache was made, but a few inspirations of the same by the nose will invariably remove this difficulty.

The foregoing directions were prepared by myself in 1847, and published in the "Dental News-Letter," for the purpose more particularly, of securing a safe administration of ether in dental operations. When used, how-

ever, for painful and long-continued surgical cases, it should be given more intensely. The knife should not be used until the patient is brought completely under its influence; and fresh ether and fresh air should be alternately inhaled in such proportions as the case may require to keep the patient perfectly passive.

When used in labor, the directions are so very simple as to render it almost impossible that any one can be injured by it, even if she should take into her own hands its supervision. The pains are of a character that may always be entirely relieved or much mitigated by the ether, at a point far short of the loss of consciousness; and no woman of ordinary judgment could be using the ether for a space of five minutes, under these circumstances, without really knowing more about it than any one can tell her, though a volume be filled in so doing. It is only necessary that the cloth or sponge should be frequently supplied with fresh ether. I would be understood in this, of course, to have reference to a natural labor and healthy condition of the patient.

In regard to its use in complicated cases, it will often be necessary to administer it to its greatest extent, and in view of this, those directions which are given for its use in dentistry and surgery will be found applicable.

I believe there can be no previous condition of health which can be made to suffer by a judicious use of ether in childbirth, so much as by withholding it, unless, indeed, it be aneurism of the aorta; and even to this critical condition of the system do I carry my doubts.

And in connection with this subject, we republish the following conclusions of **M. Longet:**

1st. In etherized animals there is absolute momentary suspension of sensibility, as well in all parts of the cerebro-spinal axis, usually sensitive, as in the nervous trunks themselves.

6th. The action of ether on the nervous system is much more directly and completely stupifying than alcohol, which merely renders the sensibility more obtuse, without suspending it entirely, at least in the nervous centres.

7th. Ether abolishes momentarily, but completely, the excito-motor, or reflex action of the spinal marrow and medulla oblongata; and, consequently, acts in an opposite manner to strychnine and opium, which exalt it.

9th. The functions of the encephalic centres always are suspended before those of the spinal marrow, and return before them.

10th. Ether supplies a new means of isolating, in the living animal, the seat of general sensibility from the seat of the intellect and will.

11th. In animals, we can so graduate the action of ether as to produce, at will, two stages, which I name, 1, *Etherization of the cerebral lobes*, 2, *Etherization of the annular protuberance.*

13th. Ether is only preventive of pain when it acts on the annular protuberance.

14th. In animals which have suffered etherization of the annular protuberance, this organ always recovers its functions as the perceptive centre of tactile impressions, before it becomes itself a sensible organ.

15th. The course of the phenomenon of etherization is far from being the same in men as in animals.

16th. The process of *de-etherization* of the annular protuberance may begin while *etherization* of the cerebral lobes still continues. This explains the cries that take place towards the end of some operations, which commence amid the most perfect quiet; cries, however, of which the patient retains no recollection on awakening.

17th. The *true chirurgical period* corresponds to that of *etherization of the annular protuberance* or absolute insensibility.

18th. For some time after the faculty of sensation is restored in etherized animals, there is transient exaltation of the sensibility.

20th. At a particular period of the experiments, the blood becomes almost black in the arteries. *Insensibility* always *shows itself previous to this occurrence.*

21st. If, after the point of total insensibility, inhalation is continued, the animals (rabbits), *cæteris paribus*, die within the space of from six to twelve minutes.

22d. On the contrary, on mixing a greater quantity of air with the vapor, the period of insensibility may be

kept up a long time (three-quarters of an hour and more) without injury to the animal's life.*

23d. Ether introduced into the stomach does *not* produce insensibility in animals.

24th. In etherization, the functions of the *ganglionic nervous system* appear to be over-excited, and this system appears to become a sort of *diverticulum* for the nervous power which has, for the time, abandoned the *cerebro-spinal system.*

25th. The death of etherized animals is, perhaps, owing to a sort of asphyxia, originating particularly in the respiratory nervous centre.

The section on Psychology, in connection with ether inhalation, is full of interest; it has all the charm of a novel, and is something of a relief from the dry details of practice.

"Chloroform, as a local anesthesia," contains a number of very useful suggestions, for which the practitioner of medicine will find abundant use. We can bear testimony to the great value of chloroform as a local application; we have used it in a variety of pain, and it has scarcely ever disappointed our hopes. We are surprised to find no reference in Dr. Flagg's remarks to the combination of sulphate of morphine with the chloroform, for obtaining the complete anesthetic effects locally. The proportions are x. grs. morphine to ℥i. chloroform. The following cases are interesting:

A letter from my son contains an account of a case, of sufficient interest to justify the following extract:— "While in Valparaiso, I got a small, but long and hard thorn in my finger, at the root of the nail. I partially

* It would appear, from the above 21st and 22d propositions, that these experiments were carried on by means of an instrument calculated to exclude the atmosphere as much as possible. It was by such a course that the valuable horse in London, and the mouse alluded to in the "Lancet," were sacrificed to the cause of science.

extracted it, thinking I had it all; my finger festered, swelling much. I bathed it in lye-water, poulticing it, and was fearful of felon; but seeing a black speck, I attempted laying the finger open; the pain was excruciating on account of inflammation, but as soon as I brought blood, I applied a drop or two of chloroform. I then laid it open nearly to the bone, and about one inch in length, taking out even more of a thorn than at first, *and not feeling as much pain as I should had I operated upon some other person!* I then bandaged it, and allowed it to heal in the blood. At the end of the week I removed the bandage; the finger was well, and I saved the nail. *What was the value of that chloroform to me?*"

Dr. Isaac Hays reports a case of neuralgia of the foot, before the College of Physicians, Philadelphia. It is found in the "*American Journal of the Medical Sciences*," p. 550. Dr. Hays stated, "that he had employed the chloroform to produce local anesthesia, with apparently the most happy effects, in a case of neuralgia, occurring in a gentleman 50 years of age, who had been for a long time a sufferer from neuralgia of the foot, in which all the remedies that had been previously employed, failed to produce relief. Dr. H. was called to this patient about eight days since, and found him in intense pain, which had deprived him of sleep the whole of the preceding night. Dr. H. directed the affected parts to be enveloped with a pledget of lint, or a few folds of muslin wet with chloroform, and the whole to be covered with a portion of oiled silk, to prevent evaporation; on the next morning he found him entirely free from pain, which has not since returned. Whether the relief experienced in this case is to be ascribed to the local anæsthesia produced by the chloroform, or is to be considered as a mere coincidence, Dr. H. does not pretend to decide."

"Since this communication was made to the College, the further history of this case has shown that an arrest of the paroxysm is always accomplished by the application of the chloroform; and by the use of the article, several other similar cases have been attended with like results."

The following case illustrates the value of chloroform thus used: A lady for whom I had filled a large number of teeth, was much troubled by an abscess forming at the

root of one of the incisors. It would occasionally become very painful; swell and discharge; when relief would ensue for several weeks. I had frequently treated this case with much care, till finding all accustomed remedies failing, and the annoyance becoming insufferable, the patient concluded to have it extracted. I stated to her that the local application of chloroform might give her one more chance of retaining her tooth, if used at a proper moment. I chose for that time, the earliest symptom of disquiet in the region of disease. The result has been immunity from pain, and the tooth is restored to its former usefulness. It has now been necessary to pursue this treatment but four or five times, at periods varying from one to two months, and the gums present a healthy appearance intermediately.

The section on anesthesia in midwifery contains several very interesting reports of cases. We believe that when ether or chloroform is judiciously administered to a female in labor, in the recumbent posture, on an empty stomach, there is almost, if not quite, a complete absence of danger. We have used chloroform many times, in cases of labor, since the appearance of Dr. Beatty's paper on the subject, in the *Dublin Medical Journal*, and we have not seen one untoward event in any of the cases. We quote from Dr. Flagg's work, the following letter from Mr. Lansdowne, of Bristol, England, to Professor Simpson:

I have now used ether or chloroform in seventy-one midwifery cases; I have two modes of administering it; the one with a bladder, in which is placed a brass pipe with a stop-cock, and into this is screwed, after I have poured the chloroform into the bladder, a piece of elastic tubing with a mouth-piece, the whole being pierced with a bore three-eighths of an inch, through which the vapor can be readily inhaled. If I find I am likely to be giving the chloroform for a long time, I use this apparatus, both for the sake of convenience and also of economy, as ℥j will last me nearly or quite an hour with this; and should

I use it many hours, it not only effects a great saving of material, but does not so frequently require replenishing, and is always ready at the approach of each separate uterine action, and it may be (as has been the case with me) used by any friends, or by the nurse, should the practitioner require to be absent for a short time. The other apparatus is an inhaler, such as is commonly sold; it is made of a thin, pliable lead, adapted over the nose and mouth, having a piece of perforated zinc in its front, and containing a piece of sponge, over which the chloroform is thrown; the depth of this inhaler is such as to prevent the nose being touched by the chloroform. It is home manufactured, not expensive, and very easy of construction. This latter I make use of if I am likely to be wanting it for a short time only; it requires to be supplied afresh every five or ten minutes, and accordingly I use ℥j or ℥ss, which latter is my quantity when about to extract a tooth. If the action of the uterus causes great pain, as is frequently the case in an early period of the labor with the first child, I commence giving it as soon as the os uteri is sufficiently dilated for the head to pass; I have given it when the opening has not exceeded the size of half-a-crown. I believe it may be given with impunity as early in the labor as we please, and the only obstacles to its being so used that I can see, are the inconvenience to the medical attendant, in being thus occupied with one patient for such a length of time, and also the very great expense which such a lengthened use of it must entail. On the patient's account, I can see no possible reason why it may not be used for a whole day, or even more; indeed, I cannot see why a limit should be set to the length of time in which it may be used. I have no doubt but that it will soon be the anodyne generally used at the latter stages of painful cancerous diseases. The greatest length of time in which I have used it has been 16½ hours, a fresh inhalation being made at every renewal of the action of the uterus; in other cases I have given it 11½ and 12 hours, and the only reason of the inhalation being limited to this time has been the cessation of the necessity for its use, namely, that the child has been born, otherwise it would have been continued until such event had taken place.

I have found that nearly all my patients have recovered very rapidly; most of those who have had children pre-

viously, have been astonished at the unusual rapidity of their recovery.

I find no difference as to the expulsion of the placenta and the subsequent discharge, when administering chloroform, to what takes place in the usual natural labor. I have, upon two occasions, used it for severe after-pains, pains so severe that their cries could be heard at a considerable distance; indeed, they appeared worse than the pains of actual labor; in both cases the pain was completely subdued by its use. Both these persons had determined not to avail themselves of the benefit of the chloroform during labor; neither did they, but they were delighted afterwards with its soothing effects. The former of these, I had long resolved to give it to for this express purpose; it was her thirteenth child; her labors have always been very rapid, scarcely any pain accompanying them, but no sooner has the child been born than her agony has been almost past bearing, the pain recurring at intervals for a fortnight. Upon this occasion I gave it to her three times within the first ten hours, and she had nothing to complain of afterwards.

As regards sickness, I have not found that symptom, except where fluid has been previously taken; on the contrary, if the patient has been sick, the chloroform has almost invariably checked it. The cramp I have not heard them suffer from whilst under its influence. I have never yet met with anything which has caused me to regret having used it.

No practitioner of medicine is prepared for the proper practice of his duties, who is not qualified to use anæsthetic agents upon proper occasions, and the necessity for such qualification is as great as for any other duty required in the practice of medicine. If it is proper to relieve suffering, it is equally proper and obligatory to relieve it without suffering, if possible, and it is infinitely of more importance that a medical man shall possess full knowledge of the uses of anæsthetic means, than of the use of instruments for lithotomy or lithotrity. He may have use for the first remedies ten thousand times where he would require the instruments once.

A few days since, we were called upon to lance a severe paronychia, in a delicate, sensitive female. The agony experienced in the operation is well known to those who have had a trial of it, and we determined upon the use of the chloroform. The patient readily acquired its influence, and the finger was laid open to the bone, without any more suffering on the part of the patient than if she had not been disturbed. She speedily recovered from the effects, and assured the writer, next morning, that she had not enjoyed such a refreshing sleep for a long time. One of the greatest merits of anæsthesia in these and similar cases, is the absence of those sufferings that were once considered unavoidable after the operations are over. The patient in this case has scarcely had any suffering since her finger was opened, and this is not the rule in paronychia generally.

A short time since, a negro man was thrown from a horse and very much injured. He was so filled with pain that he could not bear the least motion without screaming. The left arm was badly broken, and gangrene attacked the arm and destroyed all vitality nearly up to the shoulder joint. We were called upon to visit him in the country, with Dr. Young, for the purpose of amputating the limb. In order to change the patient's position, for the removal of the arm, we attempted to raise his body, but his agony was so great that we were compelled to desist. Dr. Jacob, who accompanied us to the country—and whose very curious case, under anæsthesia, was reported in the February number of this Journal—was requested to attend to the chloroform, and a few inspirations of it, on the part of the patient, enabled us to move him as we pleased, without any sensibility on his part. The chloroform was continued throughout the amputation; the arteries, four in number, were tied, the stump dressed, and everything completed, without any knowledge on the part of the patient. We would not have been without the beneficial

effects of chloroform in this case, for any consideration. We had abandoned surgery before the introduction of anæsthesia, but have resumed it, now that we can relieve without suffering.

But let no one consider that he may use anæsthesia indiscriminately; and as we have said that no man is qualified to discharge his duty as a physician, who is not qualified to use anæsthetic agents, we add, that we know of no finer manual for their use than this little book of Dr. Flagg's. We cordially commend it to the study of the profession, and very sincerely thank the author for the publication. B.

Art. VI.—*The Medical Student's Guide in Extracting Teeth*; with numerous cases in the surgical branch of Dentistry. With illustrations. By S. S. Hornor, Practical Dentist. Philadelphia: Lindsay & Blakiston. 1851.

Mr. Hornor has prepared an excellent manual, on a subject which is not generally studied enough in preparing for the practice of medicine. Students rush in crowds to see a formidable operation in surgery, and treat with indifference those matters that may make daily calls upon them. Among these matters is the treatment of toothache, and it is important that a physician shall know all he can possibly learn on such subjects. He should qualify himself in all his responsible duties well enough to discharge them with ease to the sufferers and credit to his science; and a man's qualifications for other portions of his profession may be judged from his performance of as small a duty as the extraction of a tooth. There is a large volume of medical science connected with carious teeth, and we do not see how a medical practitioner can pretend to understand his profession, or offer his services as a physician, without an intimate knowledge of every-

thing connected with diseased conditions of the teeth. In numerous cases an accurate diagnosis depends upon this knowledge, and by it he is led to form true views of what would be a field of error without it. There is no more reason why a carious tooth should be driven from the management of the medical practitioner, than a carious tibia, or femur, and it is often as important to understand the first as either of the two last.

Mr. Hornor has written his little guide on the extraction of teeth with a thorough appreciation of his subject, and his rules and advice are very excellent. The instruments he commends "as absolutely necessary, are, the straight forceps, the double curved forceps, the key, the elevator, punch, and screw; the curved forceps, the hawkbill, and the wedge forceps, several of which are applicable to the jaws."

There is a concise and clear explanation in this little work of the uses of the various instruments, we have enumerated, in the proper application to the various teeth, and we advise inexperienced practitioners in tooth drawing to make this short treatise the man of their counsel on the extraction of teeth. Such persons will never have cause to regret a careful perusal of this work, and some of their patients may have good cause for feeling grateful to them for having condescended to study Hornor on tooth drawing.

The admirable little monograph before us is well printed, and the illustrative drawings of the instruments are admirably executed. By the proper use of proper instruments, the extraction of teeth may require a smaller degree of anasthesia than the awkward bungler finds necessary. B.

ART. VII.—*First Principles of Medicine.* By ARCHIBALD BILLING, M. D., A. M., F. R. S. Second American, from the revised and improved fifth London Edition. Philadelphia: Lea & Blanchard. 1851.

This work is well adapted to two classes of medical men, which embrace nearly the whole profession—those who have a long and familiar acquaintance with the diseased actions of the human economy and the use of therapeutic agents, and those who are desirous of making acquaintance with these interesting phenomena. The first may find a solution of many mysterious occurrences, whose nature they could not understand at the time they happened; the last may know their meaning as they spring up.

Dr. Billing's work can scarcely be regarded as a systematic work on practice, and the routinist who loves to turn to a particular disease to find out what to give, would leave this book in despair. But the physician who wishes to know the philosophy of disease and of cure, may study these pages with no ordinary degree of satisfaction, and he will assuredly rise from the perusal of the work with his confidence in the therapeutical agents of his profession greatly enlarged. The merits of the work may be considered as well established, in the fact that five English editions and two American editions have been published. The student who may devote himself to the work will be at no loss to understand why the book has manifested these signs of popularity, and why the profession has exhibited such an estimate of its value. Almost every page is replete with practical knowledge, and the intelligent practitioner may find here a clue that will lead him through devious labyrinths.

We are far from coinciding in all the views advocated by Dr. Billing. Philosophic truth is not always attained

in the dashing, off-hand, *ad captandem* style used too frequently by our author.

It would be a difficult thing to give a correct idea of this work by anything like a synopsis, or by any series of quotations. There is scarcely any item in it that is not dependent upon other portions of the book, and we can give no better advice to our readers than to urge them to read the work carefully and study it thoroughly. They will find themselves abundantly compensated for the labor, if labor they find the pleasures connected with a large increase of knowledge.

We regretted to see a valuable work like this, published by as respectable a house as that of Lea & Blanchard, disfigured from the beginning to the end with typographical blunders. They occur so frequently in some of the forms that we were tempted to believe that the proof-sheets had never been read. The printers of this edition, at West Brookfield, Mass., have shown a lamentable degree of negligence in their part of this publication, that will not enhance the character of their establishment. At any rate, they will not soon rival the fame of the Stephens, nor of Caddell. B.

Art. VIII.—*Review of Chemistry for Students.* Adapted to the courses as taught in the principal Medical Schools in the United States. By John G. Murphy, M. D. Philadelphia: Lindsay & Blakiston. 1851.

We have been somewhat surprised at the laudatory notices of this work which have appeared in some of the Medical Journals. We cannot even surmise a necessity for the publication, after the recent editions of Bowman and of Fownes, unless it is that those very valuable works are not adapted to the courses as taught in the principal medical schools of the United States, and that this of Dr. Murphy's had

the eminent advantage of being thus adapted. But we must say, if Dr. Murphy's work possesses his advantage, its adaptation belongs to a class of medical schools with which we have not the honor of an acquaintance.

The author of this Review of Chemistry certainly has not a very felicitous style for imparting information. He is often very inaccurate in his statements, and when he is not, he frequently hides his meaning in a labyrinth of words that makes the reader oblivious of the intentions of the writer.

We are sorry to speak thus of a book whose purpose is to lighten one of the labors of the medical student, and especially a book in an important branch of medical science that is too much slighted by medical students. Everything that tends to lighten the labor of acquiring chemical science fully, everything that is adapted to the important end of attracting students to the study of chemistry, shall command our approbation and support. We should rejoice to see that important science a much greater favorite than it is with medical students, and we have never been able to see why it is not. To us it is one of the most fascinating of all the departments of medicine, and its claims upon the study of the candidate for the honors of medical science, are in the highest degree imperative.

The work of Dr. Murphy will not greatly advance the interests of chemistry among students of medicine, and will not create a *furor* in its favor anywhere. We regret this for many reasons, one of which is that the medical profession is indebted to Lindsay & Blakiston for many valuable medical books, which have done good service for medical science, and we are sorry to see them send forth such a book as this.

These various works may be found at the bookstore of Beckwith & Morton. B.

NOTICES OF PAMPHLETS, PERIODICALS, ETC.

ART. IX.—*The American Journal of Science and Arts.* Conducted by Professors B. SILLIMAN, B. SILLIMAN, JR., and JAMES D. DANA, aided in the Departments of Chemistry and Physics by Dr. WOLCOTT GIBBS. New Haven, Conn. March and May numbers.

We have been in the habit of publishing the table of contents of each number of this valuable periodical, but being unable to find room in either our March or April issue for the contents of the March number, we now give the names of the leading papers in the March and May numbers of that able work.

The March number contains papers on the following subjects:

On the Velocity of the Galvanic Current in Telegraph Wires; by B. A. Gould, Jr, in a Report to Professor A. D. Bache, LL. D., Superintendent of the U. S. Coast Survey.

Observations on the Gnathodon beds around the head of Mobile Bay; by Rev. C. S. Hale.

On the Mineral Springs in Canada; by T. S. Hunt.

Whirlwinds produced by the Burning of a Cane-brake; by Alexander Fisher Olmsted, A. M.; with a plate.

Description of a new Graptolite found in the lower Silurian Rocks near the Falls of St. Croix River; by H. A. Prout, M. D.

On the Direction of the Spark from Secondary Currents under the influence of Helices or Magnets; by Professor Chas. G. Page, M. D.

On the Conduction and Distribution of the Galvanic Current in Liquids; by Prof. Chas. G. Page, M. D.

Two Problems by Bäpu Deva Shästri, Native Professor of Mathematics in the Benares College.

On the Vents of Hot Vapor in Tuscany, and their relations to Ancient Lines of Fracture and Eruption; by Sir Roderick Impey Murchison.

On Kirkwood's Law of the Rotation of the Primary Planets; by Prof. Elias Loomis.

On a new Genus of Crustacea in the Collections of the U. S. Exploring Expedition under Capt. C. Wilkes, U. S. N.; by James D. Dana.

Mineralogical Notices.

Notices of Coal in China; by D. J. M'Gowan, M. D.

Abstract of a Meteorological Journal kept at Marietta, Ohio, for the year 1850; by S. P. Hildreth, M. D.

On the different Chemical Conditions of the Water at the Surface of the Ocean and at the Bottom, on Soundings; by Aug. A. Hayes.

On the Limit of Perpetual Snow in the Himalaya; by Lieut. Strachey.

Analyses of the Ashes of certain Commercial Teas; communicated by Prof. E. N. Horsford.

And fifty-three pages of scientific and miscellaneous intelligence, and bibliography.

The May number contains the following papers:

On the Aboriginal Monuments and Relics of New York; by E. G. Squier, A. M.

On the Corrosion of an Alloy, composed of Copper and Silver, in Sea Water; by Aug. A. Hayes.

On the Calculus of Operations; by John Patterson, A. M.

On the Mammoth Cave of Kentucky; by Professor B. Silliman, Jr.

Descriptions of new species of Fishes; by William Prescott, M. D.

Meteorological Observations: Abstract of a Meteorological Journal kept at Beloit College; by S. Pearl Lathrop, M. D.

Miscellaneous Notices; by J. W. Bailey.

On the Chemical Constitution of the Mineral Warwickite; by T. S. Hunt.

On Coral Reefs and Islands; by James D. Dana.

On the Infusoria and other Microscopic Forms in Dust-showers and Blood-rain; by Dr. C. G. Ehrenberg.

Notice of the Geology of the Florida Keys, and of the Southern Coast of Florida; by Prof. M. Tuomey.

On the Law of the Rotation of the Primary Planets; by Daniel Kirkwood.

New Genera of Fossil Corals from the Report by James Hall, on the Palæontology of New York.

Analyses of Pitchstone Porphyry from Isle Royale, and of a Crystal of Phosphate of Lime from Hurdstown, New Jersey; by C. T. Jackson, M. D.

On the Volatility of Phosphoric Acid in Acid Solutions when heated; and on Schmidt's Process for the Determination of Nitrogen; by J. B. Bunce.

On Bromine as a Toxicological Agent; by Henry Wurtz.

On an improved Remontoire Escapement for an Astronomical Clock; by J. Fulton.

And forty pages of scientific and miscellaneous intelligence, and bibliography. B.

Art. X.—*Cases of Vesico-Vaginal Fistula, treated by operation.* By George Hayward, M. D.

We are indebted to Dr. Hayward for a copy of this interesting monograph. It contains the details of nine cases, which were operated on twenty times. The concluding remarks of this contribution to practical medicine will interest many of the readers of this Journal, and we quote them:

Though I have extended this paper to somewhat of an unreasonable length, I hope I shall be excused for adding a few words in order to explain, a little more in detail, the mode I have adopted in doing the operation, and of managing the patients afterwards.

Before the discovery of the anæsthetic powers of ether, I found that the most difficult and painful part of the operation consisted in bringing the bladder down to the os externum. It is now done with comparative ease, and without causing the slightest suffering to the patient. I have administered the ether in the three last operations of this kind, and have been able to bring the bladder down, pare the edges of the fistula, introduce the ligatures and the catheter, and restore the bladder to its place, in twenty minutes; when in all the cases before, in which I did not use it, the same process required an hour, and

during the most of that time the patient was suffering severely. Besides, the fistula is sometimes in such a situation, as when it is near the fundus of the bladder, that without this agent, or some similar one, it would be impossible to bring it in view.

The patient being thoroughly etherized, the bladder can be brought down by introducing a large-sized bougie (one made of whalebone, highly polished, is to be preferred) into the urethra, to the very fundus of the bladder, and carrying the other end up to the pubis. In this way the fistula is readily brought in sight. Its edges can be pared with the scissors or a knife, though usually both these instruments are required; and this part of the operation is much facilitated by holding the edges by means of a double hook. In all the cases that I have examined, these edges are thick, hard, and usually of a white color. It is not difficult, therefore, to dissect up the outer covering from the mucous coat of the bladder to the distance of two or three lines. The needles are then to be passed through the outer covering only, and as many stitches must be introduced as may be found necessary to bring the edges of the fistula in close contact.

Since my first operation, I have used a short needle with the eye near the point, made to fit on to a long handle. The instrument, when the two parts are together, looks not much unlike a tenaculum, though not so much curved, and considerably broader near the point.

As soon as the needle is passed through one side of the fistula, it is immediately seized by a forceps, the handle is withdrawn, and the needle is then carried through. It is to be then again fitted to the handle, and carried through to the other side in the same way. As many stitches as may be thought necessary to bring the parts into close contact can in this way be taken with great ease. One thread of each stitch is to be cut off; it is convenient to leave the other, as it enables the operator and patient to know when the ligatures have separated from the bladder.

A large sized female catheter is then to be introduced into the bladder, and secured there by means of a T bandage. The patient should be laid on her side, with the upper part of the body somewhat raised, so as to facilitate the flow of water through the catheter. This should be

removed at least once in every twenty-four hours, as it is very likely to be obstructed by mucus, coagula of blood, and occasionally calculous concretions. In three days I think it safe to remove it altogether, but then it should be introduced at least once every three hours, for ten or twelve days more, so as to prevent any accumulation of urine in the bladder, and consequent strain on that organ.

The diet should consist entirely of liquid, mucilaginous food; such as an infusion of slippery elm, gum arabic and water, flaxseed tea, arrowroot, and milk and water. This diet, in my opinion, should be continued till the ligatures come away.

The bowels should be opened by some mild laxative a few hours before the operation; but it is desirable that they should not be moved again till some days after.

I think it best for the patient to use the catheter once or twice a day for several weeks, and at any rate during that time to avoid making any strong efforts to expel the urine by the contraction of the bladder.

It may be proper to add, that I have never had any troublesome hemorrhage from the operation, nor any alarming symptoms after it. In some cases the pain has been severe for two or three days, and once or twice it has run down the limb, apparently in the course of the sciatic nerve. When performed in the way that I have recommended, I believe it to be attended with very little if any danger, as the bladder is not subjected to any considerable degree of violence, nor any part injured to a great extent.

Art. XI.—*An Address*, delivered before the Suffolk District Medical Society, at its Second Anniversary Meeting, Boston, March, 1851. By Sam'l Parkman, M. D., M. M. S. S., one of the Surgeons of the Massachusetts General Hospital.

This is a philosophic view of medicine, but contains some concessions that we are not prepared to admit. The following remarks seem to us to be untrue to that spirit of investigation that has been at work for the last eighteen years, among medical men. Facts do not bear out the charge that "medicine has remained inefficient and powerless, as regards the dscovery of the real cause and nature" of cholera. Dr. Parkman pleads guilty to

the charge, and justifies himself in the following language:

Medicine has been reproached because, in the presence of that scourge, the cholera, which has, with mysterious and deadly step, passed over nearly the whole world, it has remained inefficient and powerless as regards the discovery of its real cause and nature; not even having pointed out a sign by which its approach might be foreseen, even if it were ordained that we must succumb to its devastation, as to a decree of fate. The charge is true; but let only those who are free in this respect, cast the reproach. Has any naturalist ever approximated to the cause or nature of the disease, which in like manner has spread over a large portion of the world, depriving a nation of its subsistence? And yet, which of the two has the most advantages and facilities for arrival at discovery, the one compelled to judge of the hidden processes of disease by obscure signs, or only able to examine its effects after its ravages have been completed; or the other, who has merely to walk into a potato field and make living autopsies of his diseased patients? A mysterious influence has traversed the land, and a class of forest trees, which had for years with each returning spring spread their leaves for grateful shade, now raise their bare branches—a deformity and a barrenness in the midst of the beauty and plenteousness of summer. Has any one shown the causes of this? Has any one advanced even a tenable theory, or made so much as a probable supposition?

We are confident that the cause, nature and phenomena of cholera are as perfectly understood as those of any other disease. A great variety of theories and whims has been started on the subject, as there is in every prominent matter of human interest, but surely medical men may sift fact from falsehood, and know when they have the truth. Volney took a lofty attitude, in his estimation, in philosophy, and looked down contemptuously on the struggles of the various religions of the earth; and after surveying them narrowly, as he thought, he announced

"that here was a variety of religions, all claiming a divine origin, but inasmuch as no one of them would tolerate the claim of any but its own, therefore all were false." He would not investigate; he would not go through a patient analysis of evidence upon the highest question ever submitted to man, but skimmed over the surface of things and toppled over into the mire we have recorded. And thus it is in the investigation of epidemic influences. They demand a great variety of knowledge, on a great variety of subjects, a thorough and extended mastery of all the facts, patient and laborious analyses, and rather than undertake the acquisition and use of these powers, men will listen to the clamors of conflicting theories, and sagely conclude there is no truth, or if there is, it is unknown. These are not the methods by which scientific medicine should be advanced.

How can Dr. Parkman make such an admission as he does in the above extract from his address, in the presence of such labors as those that have characterized the sanitary survey of Great Britain? Have not Chadwick, Grainger, Guy, and a host of other British minds, and Riecke, of Prussia, thrown some light on "the real cause and nature of cholera?" Pray tell us, what disease can medical men honestly claim a better acquaintance with, than with cholera?

With the exception noted, we are much pleased with the spirit and style of Dr. Parkman's address. B.

Art. XII.—*An Address* to the Graduates of the Medical Department of the St. Louis University. By A. Litton, M. D., Professor of Chemistry and Pharmacy.

Valedictory Address before the Graduates of Washington University, Baltimore. By Professor T. E. Bond.

Valedictory Address to the Graduates of the Medical Department of the University of Pennsylvania. By W. E. Horner, M. D., Professor of Anatomy.

The prospective progress of Medicine in America: a valedictory address delivered before the graduating class at the first annual commencement of the N. Y. Medical Colleges. By HORACE GREEN, M. D., Professor of Theory and Practice of Medicine.

We have grouped these various addresses together, and take much pleasure in bearing testimony to their merits The following picture of a medical practitioner, from Dr. Litton's address, will be recognised by many as a very faithful one:

The physician is the servant of the high and the low, the rich and the poor; and must be obedient to their call, however unreasonable and capricious. Night, that to others brings the rest and the quietness that nature's tired powers demand, that to beast and to bird is the time of unwearied repose, gives to him no assurance that the slumber of sleep shall be undisturbed. Disease stays not its march to consult his desires or his pleasures; but calls him from the hall of festivity, from the amenities of the social circle and from the holy temple of religious worship. The storm and the tempest, the piercing cold and the bitter wind, that drives labor from its toil to nestle around its warm fire-side, and force the beast to seek his lair and the bird its nest, delay not his visit; but go he must, oftimes for long and weary miles, through cheerless and deserted tracts, that he may cool the burning brow, or bind up the broken limb of his fellow man. Pestilence, that causes the stout heart to quail and that makes friendship, strengthened by the mutual charities of life and cemented by years of devotion, falter, and, in this hour of need, deny its brother; however terrible its ravages, and desolating its sway, cannot stop him; but he must go to infected hospitals, to dwellings crowded with the victims of the destroying angel, to places polluted with the dead and the dying, unconscious at what moment the archer's invisible shaft may pierce his heart, and force him to leave his wife a widow, and his children orphans, to continue unsupported and unsustained, their dreary pilgrimage of life. Others, with the power of steam, and the speed of railroad, and the wings of the wind, may seek places and climes not infected; but the physician

stands a sentinel upon the watch-tower, to guard the citadel of life, and cannot, dare not, and, God trust, would not be so meanly base, as recreantly to desert those whom hard fate chains to infected regions, and leave them unprotected and unguarded to the fell destroyer's rage."

The following parallel between the law and medical professions, drawn by Dr. Bond is done with truth and spirit:

When the advocate for a client, indicted for a capital crime, stands up to speak in his defence, he must be less than human if he does not tremble under the weight of his undertaking. But serious as is his responsibility, it is shared by others. A mistake might not be mischievous; the Court might correct his law, and the hearts of the jury add force to his pleadings. But in *his* fearful office the physician stands alone. Hastily summoned—perhaps at the dead of night—without a moment's preparation, with no intelligible information as to the nature and extent of the demand to be made upon his faculties, he is hurried to the chamber where death has begun his work. However terrible, however complicated, however unusual the disease, the physician must meet the exigency, and meet it promptly. * * * After you shall have saved a life from the greatest peril, after you shall have restored a citizen to the State, a father to his children, a husband to his wife, you will have done precisely what you were expected to do—what you were sent for to do, and no more will be thought of the matter. In a little while it is quite likely that you will find yourself superseded by another physician, every way your inferior. But he may have flattered the family by some insincere attentions, or astonished them by a parade of learning—he may have been heard to call the back-bone the spine, or the brain the cerebrum, or a bruise an ecchymosis—or he may have won their confidence by the narration of some wonderful cures—or he may be a new man who has lately joined the same church and claims the practice of the brotherhood upon ecclesiastical principles—being determined not to serve God for naught. Or you may be discarded to make room for a mere mountebank, who may have made himself a doctor by the force of his will, and business by the force of his impudence—an utter ignoramus, with no more

knowledge of disease than of the means of curing it, and no more of either than has the more respectable animal that drags him through his daily rounds of mortal visitation.

The address of Professor Horner completed his fortieth year as a medical lecturer, and his address is replete with sound advice, accurate observation, and well matured wisdom. Long may he continue to adorn the station he has long filled with credit to himself, and usefulness to thousands.

Dr. Green did not do his subject ample justice, in his omission of all reference to what the West and South have done for the progress of medicine in America. If he had been familiar with the history of what the physicians and surgeons of those regions have done, he would have been able to throw a flood of light upon the principal features of his address. In another part of this Journal, in a notice of a statement recently made by Professor Peaslee, we have endeavored to vindicate the West, against the continued efforts of the East, to be oblivious to her merits. In addition to what is recorded in that vindication, we ask Dr. Green's attention to the following remarks, contained in a recent publication made by Prof. J. B. Flint:

From the date of the earliest surgical records to the present time, various plans have been proposed and executed for the radical cure of Hernia, by operations with the knife or cautery, by excision, scarification, organic plugs, etc. etc., all of which are acknowledged to have been ineffectual, and many of them absurd or barbarous in the extreme. Velpeau, in his great work on operative surgery, devotes fifteen ample pages to a description of these various processes, which, if their number and failure prove the disease against which they are directed, to have been among the opprobria medicinæ, abundantly convict themselves of being among the opprobriæ medicorum. When I mention that among these processes, that which had been employed more extensively than any

other one, was castration—when, we refer to the astonishing submission to revolting measures which the history of this matter reveals, nothing need be added to show how strong and general has been the desire for a radical cure of this common infirmity. Modern surgery had repudiated the abominations to which I refer, but had afforded no effectual substitute, and had become content with palliative measures as the best that could be done.

The treatment of reducible Hernia as practised by the most experienced men of the profession, may be summed up in the pithy sentence of Abernethy—"You return it" —the bowel—"put a truss on it and keep it on."

Sometime between the years 1830 and '35, a Mr. Stagner of Kentucky, experimenting on his own person, arrived at the discovery which is at the foundation of the present method for the radical cure of Hernia, by means of trusses with wooden pads.

Dr. Hood, a neighboring physician of respectable standing, was not slow to appreciate the value of Stagner's discovery, and, bringing to the application of it his anatomical and surgical knowledge, constructed a truss with which he accomplished a cure in a considerable number of cases. He went to Philadelphia, and became associated with Dr. Heber Chase, whose mechanical turn of mind and accurate professional knowledge, eminently fitted him to impress upon the new instrument the modifications necessary to adapt it to the various forms of Hernia, and to the particular anatomical relations of each. An admirable set of instruments was the result of this partnership —the essential element in their structure, being the Kentucky discovery—which constitute, as I believe, the most valuable improvement in our materia chirurgica that has appeared since the introduction of the ligature as an hæmostatic instrument. All the old fashioned trusses were applied with a view only to retention, and although a cure of the disease sometimes happened under their use, this was not the purpose, nor expectation of it. Soon after Dr. Chase had completed his instruments, they were submitted to a special committee of the Philadelphia Medical Society, appointed to investigate the subject of the radical cure of Hernia. At the head of this committee was Dr. Reynold Coates, a highly philosophical and excellent surgeon, who devoted himself, and engaged his colleagues

for many months in investigating the claims of the new instruments. They examined many patients who had been suffering with rupture for many years, and found a very large portion of them perfectly cured, after wearing the wooden-block truss for a certain number of weeks or months. Their report was highly favorable to the claims of the new instrument, and their conclusions have been verified by other practitioners, whenever a faithful and intelligent employment of it has been tried. From all the evidence which has been collected and published on the subject, I believe we are warranted in concluding that, of any *ten* cases of Hernia, not having any extraordinary difficulties to overcome, *eight* may very certainly be radically cured by a judicious employment of the truss, the invention of which must fairly be reckoned among the contributions of Kentucky to the surgical therapeutics of our favored era.

We seek no particular laudation of the West and South, but we demand that justice shall be meted out to their strong and brilliant claims to the respect and admiration of their professional brethren. The West and South never withold their approbation of their Eastern brethren, but take pleasure in their success and advancement, and this proper conduct should be reciprocated. B.

Art. XIII.—*The Half-yearly Abstract of the Medical Sciences:* being a practical and analytical digest of the contents of the principal British and continental medical works published during the preceding six months. Together with a series of critical reports on the progress of medicine and the collateral sciences during the same period. Edited by W. H. Ranking, M. D., Cantab., assisted by W. A. Guy, M. D., George Day, M. D., Henry Ancell, M. D., and W. Kirkes, M. D. No. 12—July to December, 1850. Philadelphia: Lindsay and Blakiston.

Of the excellent character of this publication it is not necessary for us to say much. It has sustained itself in England for six years, and is worthy of the patronage it

has received. It gives a very fair and useful record of the important movements of medical science, and it should be the companion of all medical practitioners. We commend the work to the favor of the reader. B.

Annual Report of the Louisville Marine Hospital, for the year ending March 1st, 1851.—We have received a copy of this report, and present our readers with the names of the medical officers of the Institution, and a copy of Table No. 5, containing a medical history of the establishment, for the past year.

Physicians on part of Medical Schools.—Professors Paul F. Eve and Samuel Annan.

Consulting Physicians.—T. S. Bell, M. D., C. Pirtle, M. D., and J. W. Bright, M. D.

Consulting Surgeons.—T. W. Colescott, M. D., L. Powell, M. D., and S. B. Richardson, M. D.

Attending Surgeons.—B. I. Raphael, M. D., J. M. Pyles, M. D., and T. G. Richardson, M. D.

Attending Physicians.—D. W. Yandell, M. D., C. L. Lyle, M. D., and W. B. Caldwell, M. D.

Resident Graduates.—Jonathan Clark, M.D., and James Selby, M. D.

REPORT of the Diseases and their Results, coincident with the Admissions and Discharges at the Louisville Marine Hospital, from March 1st, 1850, to March 1st, 1851.

DISEASES.	ADMISSIONS.													DISCHARGES.												
	Rem'g March 1, '50	March	April	May	June	July	August	September	October	November	December	January	February	Total Admissions	Cured	Relieved	Request	Eloped	Died	Total Discharges	Rem'g March 1, '51
Abscess	1			2	1	1	1	3			1			10	5	1		1	2	9	1
Albumenuria	1													1					1	1	
Amaurosis	1				1									1							
Amenorrhea												1		2		1	1			2	
Apoplexy													1	1		1				1	
Asthenia	7	2	1	2	2	1		2	4	3	1	4	4	33	25			1	1	27	5
Ascites							1		1	1				3	2					2	
Bronchitis	3	2	1		1		1	2		1	3	4		18	11	2		1	1	15	3
Catarrh	3													3	3					3	
Carcinoma						2	1					1		4	3		1		1	5	
Cardiac disease	1	1			1									3	1	1			1	3	
Calculus				1										1							1
Caries						2			1	1	1			5	2				1	3	2
Cholera Asiatic			1	5	11	26	12	1	3	6	3			68	20				48	68	
Colica						2	1							3	3					3	
Colica Pictoneum								1	1					2	2					2	
Convulsions										1				1	1					1	
Cutanei	1			2	2			1		2	1			9	5	2				7	2
Constipation					2				1					3	3					3	
Cystitis		1				2	1	1						5	5					5	
Coxalgia										1				1							1
Diarrhea	7	1	2	3	4	13	21	3	5	3	3	4	1	70	60	2		2	5	69	1
Dysentery				3	1	5	10	7		4	1	1		31	23	1	1		6	31	
Dyspepsia		1	1	2	2	1		1	2	1	1			12	9	2		2		13	
Epilepsy	1		1				1							3	2		1			3	
Encephalitis	1		2		1		1			2				4	1			1	1	3	1
Encephaloid						1	1							2	1				1	2	
Erysipelas	2	1				3	1	2		1	2	1		13	10			1		11	2
Fevers	5	12	12	8	5	12	23	15	7	7	6	15	13	140	109	1	1	2	21	134	6
Fever, intermittent	14	4	7	7	11	27	29	27	10	9	11	5	5	166	135	3			1	161	5
Fistula	1													1	1					1	
Fractures		2	3	1	1	2	1			4	2	1	1	18	14	1			2	17	1
Gelatus	1									1				2	2					2	
Gonorrhea		2	1	4	7	5	2	3		1	2	1		28	24		1	2		27	1
Gastritis					1	3						1		5	4				1	5	
Hepatitis							1	1	1					3	2				1	3	
Hydrops				1					1					2	2					2	
Hydrocele	1						1		1					3	2		1			3	
Hydrothorax							1							1							1
Hysteria								1			1			2	2					2	
Hydrocephalus														1					1	1	
Icterus					1	2			2					3	2					2	1
Irritatio Spinalis	1		1				1							2	2					2	
Intussusception							1							1					1	1	
Injuries	8	5	8	3	2	3	6	12	3	6	7	5	2	70	55	6	1	2	1	65	4
Keloides							1							1							1
Luxations							1	1						2	2					2	
Mania	1	1		2	2	3	1	1				1	2	12	4	3	4	1		12	
Mania a potu	1	2	4	2	1	3	2	5	4	4	4	5	3	40	30	1	1		6	37	3
Metritis						2		1	1					4	2					2	
Nephritis						1				1				2	2					2	
Neuralgia				1	1	1	1	2						5	4	1				5	
Ophthalmia	5	4	6	3		1	3	2	1		1	2		33	23	1	1			25	6
Orchitis	1				2		2		1					6	5					5	1
Osteo Sarcoma			1						1					2	2					2	
Otitis		1												1	1					1	
Paralysis	1				1									2		2			2	4	1
Parasites							1							1						1	
Pertussis							1							1						1	

(Table continued.)

DISEASES.	ADMISSIONS.													DISCHARGES.						
	Rem'g March 1, '50	March	April	May	June	July	August	September	October	November	December	January	February	Total Admissions	Cured	Relieved	Request	Eloped	Died	Total Discharges	Rem'g March 1, '51
Peritonitis							1		1					2	1				1	2	
Phlebitis	4	2	5	2	6	3	2	3	1	3	4			35	1	3	15	2	12	32	3
Phthisis		1	2		1		1	1	2		1	1		10	6	1		1	1	9	1
Pleuritis	1	1	2		2								1	7	5				1	6	1
Pneumonia											1			1	1					1	
Polypus										1		2		12	9					9	3
Pregnancies		1	1	1					1	3	3		2	33	17	5	1		2	25	7
Rheumatism	2	2		2	2	5	2	2	2	4		3	6	10	4	3				7	3
Scrofula						2	2						1	6	6					6	
Sprains				1	1	1		3						3	2					2	1
Stomatitis				1	5		2							3	3					3	
Strictures				1	1	2	1							5							2
Syphilis	10	12	8	5	9	12	8	5	8	6	6	10	3	102	87	5	2	5	1	100	2
Tumors	1			1									1	3	2					2	
Tetanus							1				1			2					2	2	
Ulcers	10	4	6	2	6	2	3	2	3	6	1	4	4	53	43	7			1	51	2
Ulcers of the Uterus					1				1				1	2		1				1	1
Ustio														1					1	1	
Wounds	3	2	3	1		2	1	1		1	3	3	1	21	17	2				19	2
Total	19	2	66	79	70	97	143	160	110	72	81	71	79	57	1187	757	59	33	28	135	1112	75

SELECTIONS

FROM

FOREIGN AND HOME MEDICAL JOURNALS.

On the Absorption of Alimentary Substances, and the Functions of the Lacteals.—M. Bernard read a memoir on this subject before the Academy of Sciences, Paris, in which he proposed to determine, by direct experiment, the nature of the nutritive principles which are absorbed and conveyed by the chyliferous vessels, in order to ascertain if there really exist any alimentary substances which absolutely escape venous absorption, and consequently avoid passing through the liver before arriving at the lungs.

Alimentary substances submitted to digestion are, in the intestinal canal, finally reduced to three principal substances—the saccharine, the albuminous, and the fatty emulsive; on these M. Bernard has instituted experiments:—

1st. *With regard to the absorption of Sugar by the lacteals.*—On injecting large quantities of sugar into the stomachs of different mammiferæ, it has been found in the blood of the portal vein, while it was absent from the chyle of the thoracic duct at the same time and under the same circumstances; whence it is concluded that sugar, before arriving at the lungs, traverses the liver, where it undergoes a peculiar physiological modification. If a solution of grape sugar be injected into the superficial veins of a dog, it speedily passes off by the urine; on the contrary, if the solution of sugar be injected into the radicles of the portal vein, the sugar is no longer eliminated by the kidneys, but passes into the circulation, and is assimilated in the same manner as if taken into the digestive

canal. Thus it is shown that the absorption of sugar by the portal system is a condition essential to its assimilation, since, if confined to the lacteals, the saccharine principle is abstracted from the influence of the liver, and is diverted directly into the general venous circulation, as takes place when it is injected by the jugular vein.

2d. *As to the absorption of albumen by the Lacteals.*—Albumen injected into the general venous circulation soon appeared in the urine. If injected into the portal vein, it does not then appear in the urine, but is assimilated in the same manner as obtains with sugar.

3d. *Absorption of Fat.*—M. Bernard's previous researches have shown that fatty matters are not capable of admission into the Lacteals, until an emulsion has been formed by the action of the pancreatic juice. Immediately that this emulsion has penetrated the lacteals, their aspect undergoes an entire change; instead of remaining transparent, like other lymphatics of other parts of the body, they assume a milk-white appearance, and owing to the transparency of the coats of these vessels, the course of the fatty matter may be followed from the intestine to the left subclavian vein, where it is diverted into the thoracic duct. It is not necessary that fatty matters should traverse the liver in order to their assimilation. M. Bernard has injected fatty emulsions into the jugular vein, but has not found that substance in the urine.

Thus the products of digestion may be distinguished with reference to absorption into two groups: *e.g.* 1st, fatty and albuminous matter absorbed by the lacteals, passing into the general circulation without having traversed the liver. The last proposition cannot be taken in so absolute a sense as the former, since experiment and microscopical examination demonstrate that fatty matters are absorbed both by the portal system and by the lacteals.—*London Med. Gaz.*—*Am. Jour. Med. Sciences.*

On Iodognosis.—M. Dorvault has published a series of researches on the chemical therapeutical, and medical properties of iodine. To these, as embracing the entire knowledge of all the properties of that substance, he has given the name of iodognosis, *iodoynosie.*

We here submit an abstract of the medical portion of these researches, from the *Gazette Medicale de Paris:*—

Iodine, as a therapeutic agent, according to M. Dorvault, is unimportant; it is to its combination as *iodide* that its medical value is due. Even when introduced alone into the system, its therapeutic effects are to be attributed to its combination with the alkalies which exist in the fluids of the body. Under either circumstances the terms *iodic medication* express the same fact. Iodide of potassium is taken by M. Dorvault as the type of iodides.

Physiological Action of Iodides.—Iodides belong to that class of therapeutic agents to which M. Dorvault gives the name of *chemico-catalytic*, and form its most striking representative. This proposition is founded on the following facts: If the animal fluids (blood, lymph, semen, milk,) or their proteic elements (albumen, fibrin, casein,) be subjected to the action of a solution of iodide of potassium, it will be seen to prevent their coagulation and dissolve them. In producing this effect the salt remains unaltered; it acts, therefore, by virtue of what chemists have called the *catalytic* force. The same may be shown to have obtained when employed in certain pathological cases. The salt may be detected unaltered in the blood or urine, or other secretions.

These facts have been observed by many other investigators, and all have found practically that iodide of potassium promotes secretion, increases the functions of the mucous glands of the alimentary canal, and of the liver, kidneys, skin, pancreas, parotid, etc.

Iodide of potassium is rapidly eliminated from the animal fluids. Dr. Scharlan (of Stettin) found that a patient, to whom he gave 53 grammes daily, eliminated 51 grains by his urine. The five grains lost were accounted for by the elimination of this salt by the saliva, sweat, and tears. Dr. Kramer satisfied himself, from his experiments, that six days sufficed for the complete elimination of this salt after its exhibition during 50 days. The researches of Dr. Marchal, at Val de Grace, also prove the rapid passage of iodide of potassium by the urine.

Iodine introduced into the system has been separated by the action of alkalies on the blood.

Special Action of Iodides.—The accidental or consecutive action of iodides has often been mistaken for their primary or efficient action. Some physiologists have considered iodine as a stimulant, others as a contra-stimulant. M. Dorvault observes that neither view expresses the exact truth. He admits a certain degree of general constitutional excitement under its employment; also that, in severe pains of the bones and other tumors, the action of iodine is sedative, by allaying pain. But in both these cases the stimulating and the sedative action are the consequence, not the cause, of the beneficial therapeutic agency of the remedy.

A third opinion, that iodine is alterative, M. Dorvault regards as nearer the true explanation, but as insufficient in fact, as the medicinal influence of the iodides is often seen after the first dose, therein differing from alteratives. M. Dorvault admits, however, the alterative action of some substances in which iodine exists in minute quantities,—*e. g.*, sponge, cod-liver oil, etc.

M. Dorvault also considers the purely chemical theory of the action of iodine as incorrect; his own opinion being, that the medicinal virtue of the iodides consists in their power of dissolving or further liquefying the *humors* of animal bodies, of separating their constituent or proteic elements, and disposing these to the formation of new products, such as coagula, false membranes, and pathological concretions: that the iodine and the potassium united both concur in the production of this result, by a special and peculiar chemico-physiological power which iodides possess of liquefying the fibrine of the blood without destroying the globules; while potash, ammonia, and other substances, dissolve the blood in all its parts.

Therapeutic Action of Iodine. The pathological states in which it is employed.—Goitre, scrofula, syphilis, skin diseases, white swelling, caries of the vertebræ, tabes mesenterica, rickets, phthisis, leucorrhœa, amenorrhœa, and chlorosis, cancer, cachexies, dropsy, poisoning, tumors, rheumatism, various chronic diseases, hypertrophy.—These are the forms of disease in which, M. Dorvault observes, the administration of iodine is indicated.—*Ib.*

THE WESTERN JOURNAL

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THIRD SERIES.—VOL. VII.—NO. V.

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LOUISVILLE, MAY 1, 1851.

THE HISTORY OF MEDICAL EDUCATION, ETC.

Dr. Davis, of Chicago, has considered it necessary to respond to the notices of his work, on medical education, which appeared in the New York Journal of Medicine, and in this *Journal*. We did not undertake to review the book of Dr. Davis, but was content with an expression of the judgment we gave, founded on a perusal of the work. Dr. Davis is not pleased with the character of that judgment, but we assure him it was honestly formed, and we do not now find, after reading the rejoinder of Dr. Davis, any reason to retract or modify the opinion we formerly expressed.

We alluded to the representation made by Dr. Davis of the dearth of medical literature, in this country, at a specified period of American history. The New York Journal published a list of American books which were printed during the blank referred to by Dr. Davis, but Dr. Davis says he had actually quoted from some of these very books. These quotations made the following declaration the more singular: "the medical writings of this period seem to have been confined almost wholly to the pages of the three medical journals which had been established in New York and Philadelphia, and to here and there a pamphlet

or a paper read before some organized society. Indeed, I have not been able to find a single *volume* on any *branch* of medical science or practice, published by an American physician during the first twenty years after the close of the revolutionary war. And yet, as we have already seen, it was a period in our history which was graced by some of *the noblest and most active minds ever devoted to the cultivation of medical science.* But the art of *mere book making*, which has been brought to such perfectiou in this our day, was little known to our professional ancestors."

Dr. Davis thinks his meaning should have been "obvious to the most careless reader," and we cheerfully admit that just that kind of a reader might easily have stumbled into the meaning Dr. Davis now gives his language. But we do not belong to the class of readers, upon which Dr. Davis leans for countenance in this matter. We read the language carefully, and we could not then, nor can we now, put any other construction on it than that we have given. We are bound to believe that "Collections for an essay towards a Materia Medica of the United States, by Dr. Barton, commenced in 1798," "Observattions on the causes and cure of remitting bilious fevers," by Dr. Currie," "A treatise on yellow fever, by Dr. Davidge, of Baltimore," "Letters on yellow fever, by Richard Bagley, New York," all published in 1798, and a work "On the origin of pestilential diseases, by Dr. Charles Caldwell," published in 1799, to say nothing of other books, were volumes on some branches of medical science and practice. Dr. Davis seems to think that because he said that the period embraced in his non-book-making time, "was graced with some of the noblest and most active minds ever devoted to the cultivation of medical science," he should have been understood to mean that these active minds were given to book making, when he immediately adds that they were not, and when he prefaces his compliment with the declaration that, he had "not been able to find a single *volume* on any *branch* of medical science or practice, published by an American physician during the first twenty years after the close of the revolutionary war." And Dr. Davis would have careful, as well as "careless readers" to understand him as meaning, that the books referred to had nothing to do with "physiology, midwifery, materia medica, practical medicine, etc." This may do in regions where the mysteries of a fox chase are better understood practically, than we can be supposed to understand them, and we assure Dr. Davis that we are utterly unable to perceive, in any degree whatever, how his explanation relieves him. If he

thinks it helps his cause, we are yet even with him, for we think it does not.

The History of American Medical Education is a grand theme, filled with great results, and some of the brightest triumphs of science, and we should rejoice to see justice done to the noble subject.

Since the preceding remarks were written, we have received the May number of the *Northern Lancet*, containing a series of very impertinent and unjust remarks upon the American medical press. We think that we have enjoyed a good opportunity of knowing the character of the conductors of the medical press in this country, and from our long and tolerably intimate acquaintance with an extensive range of the "humanities" of the times, we declare that we know of no class of persons more thoroughly honest, intelligent, and worthy, than the great mass of the editors of the American Medical Journals. It is seldom that asperities and personalities are indulged in, and we believe there are few medical editors who permit their judgment to be swayed by anything but honest convictions. The utterly disgraceful "caricature and libel" upon the editorial corps, contained in the defence, set forth in the *Northern Lancet*, of Dr. Davis's *History*, needs some apology, since it is without any provocation.

In another part of the model for medical reviewing, contained in the defence referred to, the urbane, polite, and genteel editor of the *Northern Lancet* thus holds forth: "The work (Dr. Davis's *History*) was greedily seized upon by a few of our contemporaries, who, in their criticisms, evidently dictated by animosity and personal feeling, misconstrued the author's intentions," [another Daniel come to judgment!] "and from glancing over one or two pages, inferred the whole, and as it should be expected, the notice turned out to be in perfect accordance with the spirit that presided over it."

After having uttered this string of gratuitous calumnies upon those who noticed *the* History, our amiable confrere of the *Lancet* lustily boasts that he has honesty enough to admire Dr. Davis's book. What a pity he had not some honesty to spare for other purposes!

We thought we dealt mercifully with Dr. Davis's book, and it may be yet found that we did, if we are compelled to prove it. B.

VACCINATION—REVACCINATION, VARIOLA, ETC.

At a recent meeting of the Royal Medical and Chirurgical Society, London, Dr. Webster reported a case of smallpox which occurred the

third time in the same individual, and the last attack proved fatal. This victim to variolous infection was vaccinated at the age of three months. Six years after the vaccination, he and his brother had smallpox. Five years after, the brothers were again attacked with variola, and a third brother, who had been vaccinated, was taken with smallpox during the second visitation of the disease in the family. Twelve years after the second attack, one of the victims of that attack was seized with variola, in India, and died.

Dr. Stewart reported an interesting case of confluent smallpox, which occurred in a patient after a third vaccination.

These cases gave rise to an animated debate, and the general conclusion seemed to be about the same as the one we reached in our recent sketch of smallpox. The opinion of the members of the society, generally, was that vaccination is the safest and most reliable prophylactic against variola. Dr. Gregory endeavored to urge upon the Society his singular statistics, and a notion that after the fifteenth year of vaccination the only protection is in inoculation. This is certainly a very preposterous suggestion, when we reflect upon the number of second and third attacks of smallpox that occur in some persons. Dr. Gregory seems to have almost a mania for the resuscitation of inoculation. B.

PROFESSOR BARTLETT.

This distinguished teacher has resigned the chair he accepted in the New York School last fall. We hope, however, that his valuable talents will not long remain idle, and that his next appointment will prove more agreeable and prosperous than the preceding one did. He is worthy of the highest consideration as a teacher, and we hope to hear soon, that he has a position at once gratifying to him and useful to the profession.

We find the following announcement in the *New Hampshire Journal of Medicine*, for April: "At home changes are being made in professional chairs. Perhaps the most important and the most significant as yet is that Professors Gross and Bartlett leave their chairs in the New York University. This is hardly unexpected by those who are at all acquainted with New York medical polemics—which, by the way, is one of the most curious chapters that we have ever studied. We suspect that it is better understood abroad than the profession in that city are aware." B.

SINAPISMS.

A series of experiments were recently made in France, by Trousseau and Pidoux, for the purpose of ascertaining the best means for applying mustard as a sinapism. The experiments revealed the singular fact that mustard mixed with water is a better combination than mustard and vinegar, or mustard and acetic acid. The experiments showed that the combination of French mustard with acetic acid made the rubefacient action almost inert, but the same result did not obtain when English mustard was used. We think the reason of this is obvious. There is more oil left in the flour of French mustard than in that of the English, the acetic acid combines with the oil, and is thus rendered inert; and the volatile principle is not set free.

The most reliable mustard we have ever found for sinapisms, was the Lexington mustard, during the life of its originator, Nathan Burrowes. The only kind we have ever seen equal to it, is manufactured in this city by Tannehill & McAlister. We never saw it fail, where there was a chance for a sinapism to succeed. We have not tried the relative advantages of a mixture of Tannehill's mustard with warm or cold water, vinegar, or acetic acid, but if any of our friends wish to be miniature martyrs to science, we will try the mustard poultices upon them, and note the effects. B.

REPORT OF THE SANITARY COMMISSION OF MASSACHUSETTS, 1850.

Through the polite attention of our friends Dr. Edward Jarvis, of Dorchester, and Lemuel Shattuck, Esq., of Boston, Mass., we have received a copy of a *Report of a general plan for the promotion of public and personal health, devised, prepared and recommended by the Commissioners appointed under a resolve of the Legislature of Massachusetts, relating to a sanitary survey of the State.* Our readers are aware of the deep interest we feel in everything relating to the subject of this report, and they know how constantly and earnestly we have endeavored to impress upon the public mind, the vast importance of everything promotive of public and personal health. It is the one great theme that should absorb the public mind, and, if we could see the vast regions of the West and South awakened to the truths of sanitary

science, and engaged in putting them into action, we should feel secure of their rapid attainment of prosperity, and permanent possession of it. But while daily experience shows the absolute necessity of a knowledge of sanitary science, years roll on without its attainment, and ignorance and time are building difficulties for the future. The profession which should be foremost in bringing about a reform, plays the sluggard, and the great public sleeps securely until pestilence has it in its jaws, and then we see spasmodic twitchings after sanitary help.

In the midst of this general apathy it is refreshing and consoling to look upon the philanthropic and noble labors of Massachusetts in sanitary reform, and it was fortunate for her, and for the cause of humanity, that she possessed such a man as Lemuel Shattuck, to be placed at the head of a commission for a sanitary survey of the State. No one in Europe or America was gifted with higher qualifications for the work, and this Report is a monument to his philanthropy and intellectual powers, more honorable than the proudest trophies of the warrior. The labors of the Massachusetts Sanitary Commission are a model, which all the States of this Union would do well in copying as speedily as possible.

We shall endeavor to present the readers of this *Journal*, in future numbers, an analysis of the contents of this whole volume, and we hope that the startling truths of this Report will awaken our professional brethren to the necessity of a study of sanitary science. The proudest names in the medicine and surgery of France have devoted themselves to gratuitous sanitary labors for years, and a host of British physicians have imitated the example, and why should American physicians hold back from this great enterprise of philanthropy? We shall certainly do all in our power to awaken the sleeping energies of the profession.

B.

TRANSACTIONS OF THE OHIO STATE MEDICAL SOCIETY, FROM ITS FIRST ORGANIZATION IN 1846, TO THE CLOSE OF ITS LAST SESSION IN 1850, WITH ADDRESSES AND ESSAYS.

We have read the proceedings of this Society with mingled feelings of pleasure and shame—pleasure in the knowledge that the profession, in Ohio, enjoys the means of progress, to be found in an annual convocation of the professional mind from all parts of the State, and shame